



100% of your gift will go to pediatric cancer research and support.

Donor Name _____

Donor Address _____

City _____ State _____ Zip _____

Email _____

Phone (H) _____ (C) _____

Amount \$ _____

_____ My check, payable to Jake Taraska Foundation, is enclosed.

_____ Please charge my credit card: *Visa MasterCard AmEx Discover*

Card Number _____

Exp. _____ Security # _____

Signature _____ Date _____

Optional : My gift is in _____ memory of _____ honor of

Person's Name _____

Please send notification of my gift to (no gift amount mentioned):

Name _____

Address _____ City _____ State _____ Zip _____

You may also visit JakeTaraskaFoundation.com to donate and to support upcoming events.

Please send this form along with payment to:

Jake Taraska Foundation, 5077 Fruitville Rd Ste 401, Sarasota, FL 34232

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