



YES, I'D LIKE TO HELP CHILDREN WITH CANCER AND BLOOD DISORDERS.

- \$1,000 Valerie's Circle
- \$500 Family
- \$250 Friendship
- \$100 Wishes
- \$50 Dreams
- \$35 Hope
- Other \$ _____

My company will match my gift.

Name of corporation: _____

PLEASE MAKE MY GIFT:

In honor of: _____

In memory of: _____

Please send a tribute to: _____

Please make all checks payable to **The Valerie Fund** or charge my (circle one): **VISA** **AMEX** **MASTER CARD**

ACCOUNT #: _____

EXPIRATION DATE: _____ **SIGNATURE:** _____

I WOULD LIKE TO VOLUNTEER, PLEASE CONTACT ME: NAME: _____ **PHONE #:** _____

The Valerie Fund is qualified by the IRS to receive contributions for Federal Income Tax purposes. This charitable organization is registered with the Attorney General of the State of New Jersey. Information may be obtained by calling 201-504-6125. Registration does not imply endorsement. www.thevaleriefund.org