Individual Donation Sheet

C.A.R.E.S.

Please make all checks payable to NF Midwest. Thank you for raising money for CARES – Clinics, Awareness, Research, Education and Support for the NF Midwest community and ensuring that No One Fights Alone. If you have any questions or would like more information, please contact NF Midwest at 630-945-3562 or visit us at www.nfmidwest.org. Use this form to record donations. Turn this form in along with your donations at your event or when you are done collecting. If you are mailing the donations in please convert all cash to a check. (Note: You do not have to use this form. Use it at your convenience. If you don't have a fundraising page, ignore that column.)

MY GOAL IS TO RAISE $ _____

Fundraising Event/Campaign Name _____ Start Date_____

Fundraisers Name _____ Team Name (if applicable) _____

Email _____ Phone _____

Address _____

Date	Name	Email or Mailing Address	Phone	Amount	Cash or Check	Entered on my page(✓)
			Total:			

This individual is participating in and raising funds for NF Midwest to fund CARES—Clinics, Awareness, Research, Education and Support for people with neurofibromatosis and schwannomatosis. If you have any questions or would like more information, please contact NF Midwest at 630-945-3562 or nfmidwest.org. Our mailing address is NF Midwest, 473 Dunham Rd, Suite 3, St. Charles, IL 60174.