CURE U Check Form

Thank you for all that your CURE U chapter does to help us heal kids and proclaim the Kingdom of God around the world! As you mail in your chapter’s donation to CURE International, please complete this form:

Your name: _________________________________________________________________

Your university: _____________________________________________________________

Amount fundraised: _________________________________________________________

Please mail thank you letter and receipt to:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Where should we designate this amount? Our locations and programs are listed here: cure.org/map (Select only one):
☐ Orthopedic or neurological surgeries at ____________________ hospital
☐ Cleft lip and palate surgeries at ____________________ hospital
☐ Clubfoot treatment (infant/toddler) at _______________ location
☐ Clubfoot braces (globally)
☐ Where needed most

Describe your chapter’s event(s) that contributed to these funds:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Date of event(s): ___________________________________________________________

Please ensure that all checks are made out to “CURE International” and mail all checks in the above amount with this form to:

CURE International
Attn: CURE U
774 Limekiln Road
New Cumberland, PA 17070