

Student	t Name (please	print)		
Student	t birthdate:	Month	Day	
Messag	(e (limited to 16	words) please prir	nt	
Parent n	ame			
	ignature_			

Please make your \$20 donation check to: McKenna Claire Foundation

Birthday wishes must be submitted and paid for at least one week in advance and submitted to Mrs. Adair in the main office. All proceeds go toward research and families affected by pediatric brain cancer. Thank you for your help to find a cure!

