



Bake Sale Registration

Organizer's Name _____

Mailing Address _____

Phone Number _____ Email _____

Event Date _____ Event Time _____

Event Location _____

Description of Bake Sale _____

Expected Funds to be Raised _____ Estimated Cost of Fundraiser _____

Do you have a connection to cardiomyopathy? _____

For more information, please contact CCF at 866-808-2873 or info@childrenscardiomyopathy.org.

Children's Cardiomyopathy Foundation

24 West Railroad Avenue, Suite 408 • Tenafly, NJ 07670 • Tel. 866.808.CURE

www.childrenscardiomyopathy.org