



# Thank You For Your Support!

CANCER CHANGES EVERYTHING. CANCERCARE® CAN HELP.

Please print, complete, and mail this form with your check or credit card information to the following address: **CancerCare | 485 Madison Avenue, New York, NY 10022 | 800-813-4673, menu option #8**

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State/Province\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Phone \_\_\_\_\_ Email\* \_\_\_\_\_

I am making a one time gift of (circle amount):

\$50      \$250      \$1,000      Other \$ \_\_\_\_\_  
\$100      \$500      \$5,000      \_\_\_\_\_

**Make check payable to CancerCare.**

**To make a gift by credit card, fill out the information below:**

Name (as it appears on card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Security Code \_\_\_\_\_

Credit Card (check one):

MasterCard      VISA      American Express      Discover

**I authorize CancerCare to charge my credit card  
for the amount indicated above.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Friends of CancerCare

Friends of CancerCare is a group of dedicated supporters who make ongoing monthly gifts. Over time, monthly gifts add up and make a big difference in helping our clients with cancer. It's easy and convenient for you, and allows CancerCare to put more of your donation to work to directly help individuals and families affected by cancer.

I authorize CancerCare to charge the following amount to my debit/credit card **each month** (circle amount):

\$10      \$50      Other  
\$25      \$100      \$ \_\_\_\_\_

**I would like to make my contribution  
as follows:**

☐ Charge my credit card  
(information on left)

This gift is: ☐ in honor of ☐ in memory of

Name \_\_\_\_\_

Send card to (Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

\* Asterisks indicate required information.