



THANK YOU FOR YOUR SUPPORT

Please print, complete, and mail this form with your check or credit card information to the address below.
CancerCare National Office | 275 Seventh Avenue | New York, NY 10001 | 212-712-8400

First Name* _____ Last Name* _____

Address* _____

City* _____ State/Province* _____ ZIP* _____

Country _____ Email* _____

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

\$50 \$250 \$1,000 Other \$ _____

\$100 \$500 \$5,000

Make check payable to CancerCare.

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

Name (as it appears on card) _____

Credit Card Number _____

Expiration Date (MM/YY) _____

Credit Card (circle 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 the Friends of CancerCare to charge the following amount to my checking account/ credit card **each month**:

\$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.