

Please mail this form and your check to:

Cancer Survivors' Fund

Attention: Web

PO Box 792

Missouri City, TX 77459

Date: _____ (*Please PRINT all information clearly*)

Enclosed is my check in the amount of \$ _____ payable to the Cancer Survivors' Fund.

My name: _____

Address: _____ Home phone: (_____) _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (*please choose one*):

General Donation

Gift in memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

Gift in honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

We thank you for your support.
Your contribution is tax-deductible.