



CANCERcare®



Thank You For Your Support

Please complete, print, and mail this form with your check or credit card information to:
CancerCare Events 275 Seventh Avenue New York, NY 10001 212-712-8400

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Email: _____

Solicitor or Team Name: _____

I am making a one-time gift of (select one): **CancerCare Walk/Run for Hope: Fairfield, CT**

\$50 \$250 \$1,000

\$100 \$500 \$5,000 Other \$ _____

***Make check payable to CancerCare.**

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

Name (as it appears on card): _____

Credit Card No.: _____

Exp. Date (MM/YY): ____/____

Credit Card (select one): MasterCard VISA AMEX DISC

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

Signature: _____ Date: _____

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This gift is: in honor of in memory of

Name: _____

Send notification of gift card to (Name): _____

Address: _____

City: _____ State: _____ Zip: _____