

# CONQUER CANCER®

THE ASCO FOUNDATION

Please return this gift form to:

**Conquer Cancer**

**PO Box 896076**

**Charlotte, NC 28289-6076**

Conquer Cancer is exempt under Section 501(c)(3) of the Internal Revenue Code. Your gift may be tax deductible.

## DONOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Province (if not USA) \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

☐ Yes, I would like to be added to your communications.

## GIFT INFORMATION

☐ Enclosed is my gift of \$\_\_\_\_\_ (Please make check payable to Conquer Cancer)

☐ I would like to make my gift monthly

☐ Please charge my credit card for \$\_\_\_\_\_

☐ Discover® Card ☐ MasterCard® ☐ Visa® ☐ American Express®

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

## MEMORIAL AND TRIBUTE DONATIONS (optional)

☐ This gift is in Memory of:

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

☐ This gift is in Honor of:

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

## SEND GIFT NOTIFICATION TO:

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

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Province (if not USA) \_\_\_\_\_

## PERSONAL MESSAGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_