

# CONQUER CANCER<sup>®</sup>

THE ASCO FOUNDATION

Please return this gift form to:  
**Conquer Cancer**  
**PO BOX 1925**  
**MERRIFIELD, VA 22116-9649**

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<sup>®</sup> Card  MasterCard<sup>®</sup>  Visa<sup>®</sup>  American Express<sup>®</sup>

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:

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