# CONQUER CANCER®

# 2025 Summer Fund 2X Match - Gifts matched up to \$20,000 thanks to our

# generous Board members!

#### **DONOR INFORMATION**

First Name		Last Name		D	)ate
Address Line 1					
Address Line 2					
Country	Pr	ovince (if not U	SA)		
Daytime Phone ()		E-Mail Addres	SS		
		🗅 I would lik	e to be added to	your email communica	tions.
GIFT INFORMATIO	N				
□ Enclosed is my gift of \$_		(Please mak	e 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® 🔲 A	merican Express	®	
Credit Card Number				Expiration Date	e
Name on Card				Security Code	
Signature					

#### MEMORIAL AND TRIBUTE DONATIONS (optional)

Last Name	
_ Last Name	

## SEND GIFT NOTIFICATION TO:

First Name	Last Name			
Address Line 1				
Address Line 2				
City	St	tate	Zip Code	
Country	Province (i	if not USA)		

## **PERSONAL MESSAGE:**

Conquer Cancer, the ASCO Foundation is a Section 501(c)(3) tax-exempt, charitable organization registered to solicit contributions as required by law. Please check with a tax advisor regarding the deductibility of your gift. Tax ID 31-1667995.