

2025 Summer Fund 2X Match - Gifts matched up to \$20,000 thanks to our generous Board members!

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 _____

☐ I would like to be added to your email 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:

