CONQUER CANCER®
THE ASCO FOUNDATION

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

2026 World Cancer Research Day

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:

_____
_____
_____
_____

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.

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