

CONQUER CANCER[®]

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[®] 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:
