

# CONQUER CANCER FOUNDATION®

*of the American Society of Clinical Oncology*

Please return this gift form to:  
**Conquer Cancer Foundation**  
**PO Box 896076**  
**Charlotte, NC 28289-6076**

The Conquer Cancer Foundation® is exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift 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 e-mail list.  
 Yes, I would like to be added to your mailing list.

## THIS IS HOW I WOULD LIKE MY GIFT DESIGNATED

- Greatest Need  
 Cancer Research  
 Cancer.Net and Other Patient and Family Support  
 International Programs  
 Physician and Caregiver Education

## GIFT INFORMATION

Enclosed is my gift of \$\_\_\_\_\_ (Please make check payable to Conquer Cancer Foundation.)

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:

\_\_\_\_\_  
\_\_\_\_\_