

Please mail this form and your check to:

**Cancer Survivors' Fund**

Attention: Web

PO Box 792

Missouri City, TX 77459

Date: \_\_\_\_\_ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to the Cancer Survivors' Fund.

My name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

(Receipt will be sent to the address above.)

(If telephone pledge, address information is not required.)

TYPE OF DONATION (please choose one):

General Donation

Telephone Pledge \_\_\_\_\_  
Pledge Number

Gift in memory of: \_\_\_\_\_  
(name of deceased)

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_  
(name or names)

Gift in honor of: \_\_\_\_\_  
(name of individual)

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ How

would you like the card to be signed? \_\_\_\_\_  
(name or names)

**We thank you for your support.**  
Your contribution is tax-deductible.