



DONATION FORM

EVERY GIFT MATTERS IN THE FIGHT AGAINST CANCER. YOUR GENEROUS GIFT WILL SUPPORT OUR LOCAL FIGHT AGAINST CANCER IN THE INLAND NORTHWEST.

DONOR INFORMATION

PLEASE CIRCLE Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr. / Other _____

NAME _____

ADDRESS _____

COMPANY/ORGANIZATION (if gift is from a business or institution) _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Required to process credit card donations.

Your privacy is important to us. We will not sell or trade your contact information.

NOTES:

MEMORIAL OR HONORARY GIFTS

If this is a memorial or special occasion gift, please provide the following:

THIS GIFT IS IN Memory of Honor of NAME _____

Send gift notification to:

NAME _____

EMAIL _____

PAYMENT INFORMATION

Enclosed is my gift in the amount of \$ _____ One-time gift Monthly recurring gift

CHECK (payable to Community Cancer Fund)

CREDIT CARD

VISA

MASTERCARD

Card Number: _____

AMEX

DISCOVER

Exp. Date (MM/YY): ____ / ____

3- or 4-digit VCode: _____

Signature: _____

PLEASE PRINT THIS FORM, COMPLETE, AND MAIL IT TO:

Community Cancer Fund
510 W. Riverside
Suite 500
Spokane, WA 99201

**If you have any questions, please visit us at
COMMUNITYCANCERFUND.ORG or call toll free 855-998-4223**