

CANCER RESEARCH FOUNDATION



"The aim of medicine is to prevent disease and prolong life; the ideal of medicine is to eliminate the need of a physician." ~ Dr. William J. Mayo

DONATION AMOUNT: _____

DONOR'S NAME: _____

COMPANY NAME (if applicable): _____

DONOR ADDRESS: _____

DONOR PHONE NUMBER: _____

DONOR EMAIL: _____

OPTIONAL - Complete the following section only if applicable...

DONATION MADE (circle one): IN HONOR OF IN MEMORY OF

HONOREES NAME: _____

SEND ACKNOWLEDGEMENT TO:

- NAME: _____
- ADDRESS: _____

COMMENTS OR SENTIMENTS TO INCLUDE WITH ACKNOWLEDGEMENT:

