



### **HOW MUCH WOULD YOU LIKE TO GIVE?**

---

Please select the amount you would like to give on a one-time or recurring basis.

One Time Donation

Recurring Basis

\$50

\$75

\$100

\$250

Other (\$5 Minimum Donation)

### **WHAT KIND OF GIFT WOULD YOU LIKE TO MAKE?**

---

#### General Gift

Your direct donation will support our mission to provide a culturally sensitive approach to combat and cope with diseases of breast, cervical and prostate cancer among medically underserved populations

#### Memorial Gift

Commemorate a friend or loved one with a gift that fights back against cancer.

#### Honor Gift

Perfect for birthdays, holidays, weddings, anniversaries, mother's day, father's day, graduation, congratulations...honor friends and family with a gift in their name. You have the option to send a tasteful card at no additional charge.

### **WOULD YOU LIKE TO "DESIGNATE" YOUR GIFT?**

---

If you choose, your gift can be associated with one of our main areas of focus.

**YOUR CONTACT INFORMATION**

---

First Name\*: \_\_\_\_\_  
M.I.: \_\_\_\_\_  
Last Name\*: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country\*: \_\_\_\_\_  
Telephone (Please enter only digits): \_\_\_\_\_  
E-mail Address\*: \_\_\_\_\_

**CREDIT CARD BILLING INFORMATION**

---

Card Number\*: \_\_\_\_\_  
Security Code\*: \_\_\_\_\_  
Card Type\*: \_\_\_\_\_  
Expiration Month\*: \_\_\_\_\_  
Expiration Year\*: \_\_\_\_\_

**CREDIT CARD CARDHOLDER INFORMATION**

---

Same as Contact Information, above.

First Name\*: \_\_\_\_\_  
M.I.: \_\_\_\_\_  
Last Name\*: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code\*: \_\_\_\_\_  
Country\*: \_\_\_\_\_  
Telephone (Please enter only digits): \_\_\_\_\_  
E-mail Address\*: \_\_\_\_\_