

Cancer Crusaders Donation Form

Yes, I want to help in the fight against cancer.

Enclosed is a check (made payable to *Cancer Crusaders, Inc.*) in the amount of \$_____.

Name: _____

Address: _____

City, State, Zip: _____

Phone: (H) _____ (W) _____

Please select:

_____ Single Membership \$25.00

_____ Lifetime Membership (per person) \$250.00

_____ North Shore Chapter Donation \$_____

_____ Contribution Only \$_____

_____ In honor of:

_____ Birthday

_____ Anniversary

_____ Other Occasion (please specify) _____

_____ In memory of:

Upon receipt of your gift, a beautiful card is sent to the individual being honored or to the family of the person being remembered acknowledging your donation. The amount of the gift is not mentioned.

Please send acknowledgement of my gift to:

Name: _____

Address: _____

City, State, Zip: _____

Thank you very much for your donation. All gifts to Cancer Crusaders are tax-deductible.