

Please mail this form and your check to: American Cancer Society Attention: Web PO Box 102454 Atlanta, GA 30368-2454

| Date: | (Please PRINT all information clearly) |
|---|---|
| Enclosed is my check in the amount of \$_ | payable to the American Cancer Society. |
| My name: | |
| Address: | Home phone: () |
| City/State/ZIP: | |
| (Rec | ceipt will be sent to the address above.) |
| TYPE OF DONATION (please choose of | one): |
| ☐ General Donation | |
| ☐ Gift in memory of: | (name of deceased) |
| Send acknowledgement card to: | |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| How would you like the card to be | e 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 | e signed? (name or names) |

We thank you for your support.

Your contribution is tax-deductible. To reduce administrative costs, your gift will be processed at a central facility.