

# Cancer Wellness Center

## **DONATION/TRIBUTE FORM**

To make a donation, please print this page, fill in the information requested, and fax or mail it to:

Fax to: 847-509-9596

Mail to: Cancer Wellness Center

215 Revere Drive

Phone: 847-509-9595 (for questions)

Northbrook, Illinois 60062

### **DONOR INFORMATION**

Yes, I (we) want to help people living with cancer by donating to the Cancer Wellness Center.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **TRIBUTE INFORMATION**

In memory of: \_\_\_\_\_ Or in honor of: \_\_\_\_\_

To commemorate: \_\_\_\_\_

\_\_\_\_\_  
*Please indicate special occasion such as birthday, retirement, speedy recovery*

Please notify the following person(s) about this tribute (if more space needed, use extra sheet):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **DONATION INFORMATION**

Please charge my: (pick one) \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (mm/yy)

Name as it appears on card: \_\_\_\_\_

Suggested donation levels: \$1,200 \_\_\_\_\_ \$500 \_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_

My company has a matching gift program: \_\_\_\_\_  
(name of company)

### **THANK YOU FOR YOUR DONATION**

We will send an acknowledgement immediately!