



Mail-In Donation Form

Yes! I would like to join in and **Take on Cancer Together** by supporting the programs and services for people affected by cancer, including their families, friends and caregivers.

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____

Amount: _____ \$500 _____ \$250 _____ \$100 _____ \$50 _____ Other _____

Optional: *This gift is* _____ *In Memory of:* _____ *In Honor of:* _____

Name _____

Please send acknowledgement to:

Name _____

Address _____

City _____ State _____ ZIP _____

_____ Enclosed is my check, payable to: **Cancer Support Community Central Ohio**

_____ Please bill me for the full amount on _____ (date)

_____ Please charge the amount above to my: ___ VISA ___ AmEx ___ MasterCard Card

Number _____ Exp. Date: _____ / _____ CVV Code: _____

Name on Card _____

Signature _____ Billing ZIP CODE _____

Thank you for your support!