

Please mail this form and your check to: **American Cancer Society** PO Box 6704 Hagerstown, MD 21741

(Please PRINT all information clearly.)

Date:		
Enclosed is my check in the amount of \$		payable to the American Cancer Society.
Donor name:		
Address:		Phone:
,	ceipt will be sent to the Donc	
Type of Donation		
☐ General Donation	on	
■ Event Donation		
I	Event Name:	
(City:	State:
;	Staff Partner Name:	
☐ Gift in memory o	of:	(name of deceased)
☐ Gift in honor of:		(name of individual)
Send Memorial/Ho	onor Card to:	
Card Recipient Na	me:	
Address:		
City/State/Zip:		
How would you like	e the card to be signed?	
		(name or names)

Make a bigger impact with a matched gift! Check with your company to see if it has a corporate matching program – some may even match gifts made by retirees and/or spouses. Visit **cancer.org/matching** for more information.

We thank you for your support!

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

The American Cancer Society cares about and protects your privacy. The information you provide to the American Cancer Society will only be used as described in our privacy policy, cancer.org/about-us/policies/privacy-statement.html.