



CANCER RESEARCH INSTITUTE

# DONATION FORM

**THANK YOU! YOUR GIFT WILL SUPPORT THE CANCER RESEARCH INSTITUTE'S LIFESAVING WORK FUNDING CANCER IMMUNOTHERAPY RESEARCH: THE ONE CAUSE TO CURE ALL CANCERS.**

## DONOR INFORMATION

PLEASE CIRCLE Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr. / Other \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Required to process credit card donations.

Your privacy is important to us. We will not sell or trade your contact information.

## MEMORIAL OR HONORARY GIFTS

If this is a memorial or special occasion gift, please provide the below:

THIS GIFT IS IN  Memory of  Honor of NAME \_\_\_\_\_

### FOR GIFTS OF \$25 OR MORE, CRI WILL MAIL A CARD TO:

PLEASE CIRCLE Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr. / Other \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PAYMENT INFORMATION

Enclosed is my gift in the amount of \$ \_\_\_\_\_  One-time gift  Monthly recurring gift

CHECK (payable to the Cancer Research Institute)

CREDIT CARD

VISA

MASTERCARD

AMEX

DISCOVER

Card Number: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_ / \_\_\_\_

3- or 4-digit VCode: \_\_\_\_\_

Signature: \_\_\_\_\_

## KEEP IN TOUCH

Please apply my gift to the geographic Cancer Research Fund nearest to:

I want to stay informed about research progress in the following cancer type(s):

I want to receive more information about how to leave a gift for CRI in my will (bequest) and other planned giving ideas.

CITY \_\_\_\_\_ STATE \_\_\_\_\_

**PLEASE PRINT THIS FORM, COMPLETE, AND MAIL IT TO:**

Cancer Research Institute, National Headquarters  
29 Broadway, 4th Floor  
New York, NY 10006-3111

**If you have any questions, please visit us at [CANCERRESEARCH.ORG](http://CANCERRESEARCH.ORG) or call toll free (800) 99-CANCER**