

# Donation Form

Your gift will support the Cancer Research Institute's lifesaving work funding cancer immunotherapy research.

Thank you for helping to create a world immune to cancer.

70  
YEARS

CRI  
Cancer  
Research  
Institute

## DONOR INFORMATION

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

## 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 \_\_\_\_\_ 3 or 4 Digit Code \_\_\_\_\_

Signature \_\_\_\_\_

## MEMORIAL OR HONORARY GIFTS

This gift is in  Memory of  Honor of

Please mail a card as part of my memorial/honor donation.

Name (honoree/in memoriam) \_\_\_\_\_

Address \_\_\_\_\_

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

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

If you have any questions, please call toll free **(800) 99-CANCER** or email [donations@cancerresearch.org](mailto:donations@cancerresearch.org)

**PLEASE PRINT THIS FORM, COMPLETE, AND MAIL IT TO:** Cancer Research Institute  
29 Broadway, 4th Floor, New York, NY 10006-3111