



Please mail this form and your check or credit card information

The Cancer Care Foundation Inc.  
2435 Fire Mesa St.  
Las Vegas NV 89128

Credit card donations may also be faxed to (702) 939-4177

Date \_\_\_\_\_ (Please PRINT all information clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_ Home phone(\_\_\_\_) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Yes! Please send me the Prevent Cancer e-newsletter.

E-mail address \_\_\_\_\_

My check to the Cancer Care Foundation is enclosed.

I would like to charge my gift to my credit card.

Amount \$ \_\_\_\_\_ Visa  MasterCard  American Express  Discover   
Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

If you wish, gifts may be made **In Honor Of** or **In Memory Of** a friend or loved one.

**In Honor Of**     **Memory Of**

Name of the Honoree or the Deceased \_\_\_\_\_

Please notify \_\_\_\_\_

(parent/spouse/child/other)

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Acknowledgment card will not specify amount of gift.

To learn about how to reduce your cancer risk, visit [www.thecancercarefoundation.com](http://www.thecancercarefoundation.com).  
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Thank you for your tax-deductible gift to the Cancer Care Foundation!