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cancer support, education and hope

Donation Form

Name: _____ Date: _____

Phone: _____ - _____ - _____

Email: _____

Address: _____

City: _____ Zip: _____

Please process my gift of: \$50 \$100 \$250 –Circle of Community
 \$500 \$1000 –Circle of Support Other _____

Check enclosed – payable to The Wellness Community.

Visa MasterCard American Express

Card Number: _____ Expiration date: _____ / _____

My gift is given:

Description of Gift: _____

- In honor of _____
 In memory of _____
 Speedy recovery of _____
 On the occasion of _____

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ Zip: _____

- My company will match my gift
 I've included The Wellness Community in my will.
 I'd like information on how to include The Wellness Community in my will.