



Please Mail To: **Cancer Support Team**
2900 Westchester Avenue, Suite 103
Purchase, NY 10577
(914) 777-2777

Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

_____ My gift is a general contribution

My gift is in memory of _____
My gift is in honor of _____
Please send notification of my contribution to:
Name _____
Address _____
City/State/Zip _____

_____ My company has a matching gift grant program, form enclosed.

_____ I would like my gift to remain anonymous.

_____ Check enclosed payable to Cancer Support Team
_____ Please bill my gift of \$ _____ to my:
 MasterCard Visa
Card#: _____ Exp. Date: _____
Name of Cardholder (*please print*): _____
Phone Number: _____
Signature of Cardholder: _____

Gifts to Cancer Support Team are fully tax deductible.