



# NORTH FLORIDA FOUNDATION FOR CANCER CARE

## DONATION FORM

Please direct my donation as:

- A Gift in General
- A Gift in Memory of \_\_\_\_\_
- A Gift in Honor of \_\_\_\_\_

Amount of Gift: \$ \_\_\_\_\_

If you would like an acknowledgment card sent on your behalf, please complete the following section:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Message: \_\_\_\_\_

### Your Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number if we have questions \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(over)

# NORTH FLORIDA FOUNDATION FOR CANCER CARE

I have enclosed a check for my donation.

I would like to donate by credit card:

Billing address (if different from previous) \_\_\_\_\_  
\_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Visa  Mastercard  American Express  Discover  Other \_\_\_\_\_

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code \_\_\_\_\_

**Please mail or fax your donation form to:**

**North Florida Foundation for Cancer Care**

7000 NW 11th Place

Gainesville, Florida 32605

Phone: (352) 331-0900

Fax: (352) 331-1511

## ***Thank You.***

Your generosity makes a difference in the lives of cancer patients, their families and their communities.

As a 501(c)3 Charitable organization, all contributions to the fund are tax deductible within IRS regulations.