



Yes! I want to help those living with cancer. My contribution in the following amount is enclosed:

- \$1,000 **Please Print**
- \$500 **Name:** _____
- \$250 **Address:** _____
- \$100 **City, State, Zip:** _____
- \$50 **Email:** _____
- \$25 **Phone (day)** _____
- Other \$** _____ **(evening)** _____

My check is enclosed, payable to “LivingWell Cancer Resource Center”.
Contributions to LivingWell Cancer Resource Center are tax-deductible to the extent provided by law.

- My gift is in honor of:** _____
- My gift is in memory of:** _____
- Please notify the following individual / family of my gift:**

Name: _____

Address: _____

City, State, Zip: _____

Thank you for your thoughtful donation to LivingWell Cancer Resource Center, dedicated to improving the quality of life for individuals living with cancer.