



## Donation Form

Your Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

### My donation is:

GENERAL DONATION \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

Name of Honoree or In Memoriam Of \_\_\_\_\_

From \_\_\_\_\_

### Acknowledgement Letter to be mailed to:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make checks payable to "CancerConnects, Inc."  
and return with your completed donation form to:  
CancerConnects • P.O. Box 2010 • 5008 Brittonfield Parkway  
East Syracuse, NY 13057

***Thank you for your tax deductible gift to CancerConnects!***