



Please mail this form and your check to:
American Cancer Society
PO Box 6704
Hagerstown, MD 21741

(Please PRINT all information clearly.)

Date: _____

Enclosed is my check in the amount of \$ _____ payable to the American Cancer Society.

My name: _____

Address: _____ Phone: _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

Type of Donation (please choose one):

☐ General Donation

☐ Gift in memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

☐ Gift in honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

We thank you for your support.

Your contribution is tax-deductible. To reduce administrative costs, your gift will be processed at a central facility.

The American Cancer Society cares about and protects your privacy. The information you provide to the Society will only be used as described in our privacy policy, cancer.org/about-us/policies/privacy-statement.html.