

MAKE A GIFT

Donor Name (Mr./Mrs./Ms./Dr.) _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Email _____

Enclosed is a gift of \$ _____

- Use my gift to support a specific area
- | | |
|---|--|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Ovarian Cancer |
| <input type="checkbox"/> Cancer Prevention | <input type="checkbox"/> Patient Assistance Fund |
| <input type="checkbox"/> Cancer Research | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Children's Cancers | <input type="checkbox"/> Skin Cancer |
| <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> Survivorship |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Other _____ |
- This gift is
- In memory of (name) _____
 - In honor of (name) _____

Please notify:

Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Email _____

Occasion/Instructions _____

Gifts of \$15 or more will be acknowledged with a letter.

- My gift is being made in the form of securities (please call 617-632-6594).
- Enclosed is my corporate matching gift form.
- I would like information on including Dana-Farber in my estate plan.

PAYMENT METHOD

- Check enclosed (make payable to Dana-Farber Cancer Institute or the Jimmy Fund)
- Please charge my credit card
 - Visa
 - MasterCard
 - American Express
 - Discover

Account Number _____

Expiration Date _____ Signature _____

Please enroll me in the monthly giving plan, Partners in Courage, with a monthly gift of \$ _____

- Charge this amount to my credit card monthly.
- I authorize this amount as a monthly automatic bank transfer.

Enclose a check for the first month and complete the following information:

Bank _____ Account Number _____

Signature _____

*Please make checks payable to: Dana-Farber Cancer Institute
10 Brookline Place, 6th Floor
Brookline, MA 02445-9924
(p) 800.52.JIMMY(f) 617.632.4070*

