

DANA-FARBER CANCER INSTITUTE AND THE JIMMY FUND DONATION FORM

GIFT INFORMATION

Donor Name _____

Address _____

City _____ State _____ ZIP Code _____

Day Phone _____ Email _____

ENCLOSED IS MY DONATION OF \$ _____

Area of greatest need Other _____

PAYMENT METHOD

This is a one-time donation. (For monthly donations, please fill out Jimmy's Team section below.)

Total annual giving of \$1,500 or more qualifies you for membership in the President's Circle.

Check enclosed (make payable to Dana-Farber Cancer Institute or the Jimmy Fund)

Please charge my credit card

Visa MasterCard American Express Discover

Credit Card Number _____ 3 or 4 Digit CVV Code _____

Expiration Date _____ Signature _____

TRIBUTE GIVING

This gift is In memory of In honor of (name) _____

PLEASE NOTIFY:

Name _____

Address _____

City _____ State _____ ZIP Code _____

Occasion/Instructions _____

JIMMY'S TEAM MONTHLY GIVING PROGRAM

I would like to join **Jimmy's Team** with a monthly donation. Monthly donation amount \$ _____

Please withdraw from my checking account

Account Number _____ Routing Number _____

Please charge my credit card

Visa MasterCard American Express Discover

Credit Card Number _____ 3 or 4 Digit CVV Code _____

Expiration Date _____ Signature _____

I am interested in learning more about:

Joining Dana-Farber's President's Circle with a gift of \$1,500 or more

Including Dana-Farber in my estate plans

Contributing a gift of stock or securities to Dana-Farber

My company's matching gift program

Please make checks payable to: Dana-Farber Cancer Institute, P.O. Box 849168, Boston, MA 02284-9168 (p) 800.52.JIMMY (f) 617.632.4070

Gifts of \$15 or more will be acknowledged with a letter. 10% of all designated gifts supports our Faculty Research Fund to advance Dana-Farber's research mission.

