



THE
CANCER
LEAGUE
ESTABLISHED 1973

Donation Form

Name:

Address 1:

Address 2:

City/State/Zip:

Phone Number

Amount of Donation:

If gift is in honor of an individual, please list name of honoree and indicate type of gift.

Name of honoree: _____

- In Honor of
- In Memory of
- On the Occasion of _____

Please specify occasion

Please send notification of this gift to (optional):

Name: _____

Address: _____

City/State/Zip: _____

Check this box if you would like someone to contact you regarding this gift or to set-up a reoccurring gift.

CHECK - *Please make your check payable to:* **THE CANCER LEAGUE, INC.**
Please mail to: **6114 La Salle Avenue, P.M.B. 534**
Oakland, CA 94611-2802

VISA or M/C
Name _____
Card No. _____
Expiration Date _____
Use order form to list your complete billing address

If you have any questions, visit our website: www.thecancerleagueinc.org,

Or contact us via email: info@thecancerleagueinc.org

The Cancer League, Inc. is a non-profit 501c(3) organization. Our Tax Identification number (TIN) is 94-3198168