

# Donate to LivingWell Cancer Resource Center



**Yes! I want to help those living with cancer. My contribution in the following amount is enclosed:**

- \$1,000      Please Print
- \$500      Name: \_\_\_\_\_
- \$250      Address: \_\_\_\_\_
- \$100      City, State, Zip: \_\_\_\_\_
- \$50      Email: \_\_\_\_\_
- \$25      Phone (day) \_\_\_\_\_
- Other \$ \_\_\_\_\_ (evening) \_\_\_\_\_

**My check is enclosed, payable to "LivingWell Cancer Resource Center".**

Contributions to LivingWell Cancer Resource Center are tax-deductible to the extent provided by law.

- My gift is in honor of: \_\_\_\_\_
- My gift is in memory of: \_\_\_\_\_
- Please notify the following individual / family of my gift:

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

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

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

*Thank you for your thoughtful donation to LivingWell Cancer Resource Center, dedicated to improving the quality of life for individuals living with cancer.*