



General or Tribute Donations by Mail

Print and mail this completed form. Please pay by check or credit card.

Your Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

A thank-you note will be sent to you in appreciation of your donation. Your contributions are 100% tax deductible.

My check made out to CancerPartners is enclosed.

Visa, Mastercard or American Express Card Number: _____

Exp. Date: _____ Amount of Donation: \$ _____

Name on card: _____

This is a general donation.

This is a tribute donation.

In memory of In honor of In celebration of In appreciation of

Name: _____

Occasion: _____

Personal note on card: _____

Tribute donations are acknowledged with a tribute/memorial card to the person honored or the loved one(s) of the person memorialized. This card will be sent to:

Name: _____

Address: _____

City, State, Zip: _____

Please mail this form to:

CancerPartners, 73555 Alessandro Drive, Palm Desert, CA 92260

Thank you!