



The Community Cancer Center thanks you for your support. To help us process your donation, please complete the following information and mail to:

Community Cancer Center Foundation
407 Vernon Avenue
Normal, IL 61761

Donor Name _____

Address _____ City _____ State ____ Zip _____

Telephone (____) _____ Email: _____

My gift to the Community Cancer Center Foundation is \$ _____

My gift is: _____ In honor of _____

_____ In memory of _____

_____ Please use these funds where needed (unrestricted)

_____ Please use these funds for this purpose (restricted) _____

Payment Method: Visa: ____ MasterCard: ____ Discover: ____ Check/Cash: ____

Credit card #: _____ Expiration date: _____

Donor Signature: _____

Please send a letter to this person letting him/her know that I have made this gift:

Name _____

Address _____ City _____ State ____ Zip _____

The Community Cancer Center Foundation is a 501©3 organization, and as such your contribution may be deductible for federal income tax purposes. If you have any questions, please contact:

Dave Selzer, Director of Fund Development
(309) 451-2214