

Tribute Paver

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

I'd like to receive the CCC Newsletter

Please send me a tribute card that I can use to acknowledge the honoree.

Cash/Check

(Payable to Community Cancer Center Foundation)

Credit Card

Visa Mastercard Discover AmEx

Card Number: _____

Expiration Date: _____ 3 Digit Code: _____

Card Holder's Name: _____

Card Holder's Signature: _____

I'd like more information on planned giving opportunities

Your gift will help support the treatment and services that are offered by the Community Cancer Center.



COMMUNITY
CANCER CENTER

FOUNDATION

407 East Vernon Avenue, Normal, Illinois 61761
309-451-2209 www.cancercenter.org

12" x 12" Paver \$1000

12" x 12" Paver Inscription
(3/4" letters;
22 characters per line)

4" x 8" Bricks
also available!

Honor a loved
one or show
your gratitude
to physicians
and staff

*Tip: Engraver will center
text. Please count spaces
between words.*



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