



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: \_\_\_\_\_ CVV # \_\_\_\_\_

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:

Megan Fitzgerald, Development Coordinator  
(309) 451-2209