



*A free, nonprofit support community
for anyone touched by cancer.*

In-kind Donation/Pledge

Donor Information

Name: _____

Company: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home phone: (_____) _____ Office phone: (_____) _____

Cell phone: (_____) _____ E-mail: _____

Please add me to your mailing list.

In-kind Donation

I/We have donated the following: _____

The value of the donation is \$ _____

I/We would like to make my gift in honor or in memory of: _____

Please send notification of my gift to:

Recipient name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Acknowledgement

Please use the following name(s) in all acknowledgements: _____

I/We wish to have the in-kind donation remain anonymous.

Donor signature: _____ Date: _____