



Please complete the form and mail in with your donation

Contact Information

First name: _____
Last name: _____
Business name (if applicable): _____
Email address: _____
Phone: (____) _____
Address: _____
City: _____
State: _____
Zip: _____

Donation Information

Is the donation in honor or memory of anyone?

In memory of: _____
Send acknowledgment to: _____
Address: _____
City: _____
State: _____
Zip: _____
Email address: _____
Phone: (____) _____

In honor of: _____
Send acknowledgment to: _____
Address: _____
City: _____
State: _____
Zip: _____
Email address: _____
Phone: (____) _____

Payment Method

Payment method (please circle):
Check Cash Credit card

If paying by credit card, circle type
MasterCard Visa Discover American Express
Credit Card number: _____
Exp. Date: ____/____
CVC: _____
Zip Code: _____

Additional Comments

Mail form along with donation to:
Cancer Services
400 Ashman
Ste 200
Midland, MI 48640