

Cancer Resource Center of the Finger Lakes

Donation form

Your Name: _____

Your Email Address: _____

If paying by cash or credit card only: *(if address is on check, no need to fill out address)*

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

My gift is: In honor of **OR** In memory of _____

I would like the following person notified of my gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

TOTAL: \$ _____

Check # _____

Cash

Credit Card:

Card # _____

Security Code: ___ ___ ___ Exp. Date: ___/___

Please include this form with your payment & mail (or deliver) to:

Cancer Resource Center Attn: Jyl Dowd
612 W. State St. Ithaca, NY 14850