

First Name* _____ Last Name* _____

Address* _____

City* _____ State* _____ Zip Code* _____

Email* _____

I am making a gift of (circle one):

\$10 \$25 \$50 \$100 \$250 \$500 Other \$ _____

Make check payable to Aunt Susie's Cancer Wellness Center.

To make your gift by credit card, fill out the information below:

Name* (as it appears on the card) _____

Credit Card Number* _____

Expiration Date * (MM/YY) _____ Security Code* (3 numbers on back) _____

Circle the credit card being used. MasterCard VISA American Express Discover

Type of gift: One time gift _____ Recurring gift _____ Day One of every month

_____ Day One of 3 times a year

_____ Day one 2 times a year

_____ Yearly

I authorize Aunt Susie's Cancer Wellness Center for Women to charge my card for the amount indicated above.

Signature* _____ Date* _____

This gift is: _____ in honor of _____ in memory of

Name _____

Send a card to (Name) _____

Address _____

City _____ State _____ ZIP _____

Their Email (if available) _____