



# Donation Form

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 for Women.

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) \_\_\_\_\_