

CASH/CHECK DONATION FORM

Donor Name:			
Address:			
Home Phone:		Business Phone:	
E-mail:			

Gift Amount:		Date:	
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Gift Type: Check Cash

If gift is in honor of an individual, please list name of honoree and indicate type of gift:

Name of Honoree: _____ **Relation to you:** _____

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> In Memory | <input type="checkbox"/> Get Well Wishes |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Signature Event |
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Other: (please list below) |
| <input type="checkbox"/> In Honor | _____ |

Please send notification of this gift to (optional):

Name:		Relation to Honoree:	
Address:			

- Please check this box if you would like someone to contact you regarding this gift or to set-up a reoccurring gift.

Please mail completed form and check to NVC I administrative offices (please do not mail cash):

Nevada Cancer Institute
Attn: Carol Hollatz
One Breakthrough Way
Las Vegas, NV 89135
702-821-0018

Thank you for your generous support. Your donation is helping to save lives.