



DONATION FORM

Please circle: Mr., Mrs., Dr., Mr. and Mrs., Dr. and Mrs., Dr. and Mr., Dr. and Dr., Ms., Miss Other: _____

Contact First Name Middle Name Last Name

Company Name

Street Address

City State Zip Code/Postal Code Country

Area Code/Daytime Phone Alternate Phone Email Address

I would like to donate: \$ _____ Check Enclosed (Please make check payable to Karmanos Cancer Institute)

Please charge my credit card: VISA MasterCard Discover American Express

Credit Card Number Expiration Date Security Code

Name as it appears on credit card: _____
First Name Middle Name Last Name

Signature Date

Does your employer match gifts? ___ Yes ___ No Gift will be matched by: _____
(Please mail the matching gift form to the address below.) Name of Company

This gift is made: *In Honor of* *In Memory of*

First Name Middle Name Last Name

In Honor of Occasion: _____

Please notify the following individual or family of this gift:

Please circle: Mr., Mrs., Dr., Mr. and Mrs., Dr. and Mrs., Dr. and Mr., Dr. and Dr., Ms., Miss, Other: _____

First Name Middle Name Last Name

Street Address City State Zip Code/Postal Code Country

- I have included the Barbara Ann Karmanos Cancer Institute in my will.
- Please send information about the Dr. Vee Legacy of Hope Planned Giving Society.

Please mail this form to: Barbara Ann Karmanos Cancer Institute
4100 John R
Contributions – VEO1FS
Detroit, MI 48201

Thank you for your support!

OR fax this form to: (248) 304-2901

Questions, please call: (248) 304-2930

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