

I want to invest in the cancer support and education programs of Hope Cancer Resources.

\$1,000

Please Designate My Gift:

\$500

Patient Transportation Program

\$250

Patient Emotional Support/Counseling Program

\$100

Patient Financial Assistance

\$50

Cancer Education and Screenings

\$\_\_\_\_\_

Cancer Registry

Clinical Trials

Unrestricted: Please use where the need is greatest.

I would like to make a recurring gift of \$\_\_\_\_\_  Monthly  Quarterly  Annually

This is a joint gift, also credit my spouse: \_\_\_\_\_

My check payable to the Hope Cancer Resources is enclosed.

Please charge my  credit card /  debit card.

Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ CCVC: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

On the occasion of \_\_\_\_\_

Please send an acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Thank you for your gift. All donations are deductible to the full extent allowed for federal income tax reporting purposes.

Mail to: Hope Cancer Resources, 5835 W. Sunset Avenue, Springdale, AR 72762