Yale CANCER CENTER

A Comprehensive Cancer Center Designated by the National Cancer Institute

❑ Yes, I would like to make a gift to Yale Cancer Center. I have enclosed my contribution of

□ **$1,000** □ **$500** □ **$250** □ **$100** □ **$50** □ **Other $**_____

This gift is in support of: _____

Faculty Member: _____

Name _____

Street_____

City, State, Zip _____

Phone ( )_____ Email _____

This gift is made: In honor of _____

In memory of _____

For the occasion of _____

Kindly notify the following individual(s) of this gift:

Name _____

Street _____

City, State, Zip _____

□ I have enclosed or will be sending a matching form from my employer.

Please charge my credit card

□ Visa □ Master Card □ American Express

Account number _____

Expiration Date (month / year) _____

Signature _____

Please make your check payable to Yale Cancer Center and mail to 157 Church Street, New Haven, CT 06510-2100
Your contribution is tax deducible.