



Please PRINT all information clearly:

Enclosed is my check in the amount of \$15 \$25 \$50 \$100 \$250 other amount: \$ _____,
payable to the Atlanta Cancer Care Foundation.

Donor Name(s): _____

Address: _____

City/State/ZIP: _____

Please keep this donation ANONYMOUS

Email my receipt (optional -- this helps us reduce administrative/postage costs):

Email address: _____

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of: _____

Gift in honor of: _____

Optional for In Memory/In Honor donations (donation amount will not be referenced):

Send acknowledgement **card*** to:

Name(s) _____

Address: _____

City/State/ZIP: _____

Message: _____

**Acknowledgment card available with minimum donation of \$15.00. Donations of less than \$15.00 will be acknowledged with a letter or email.*

Send acknowledgement **email** to:

Name(s): _____

Email address: _____

Message: _____

**Mail completed form and check to: Atlanta Cancer Care Foundation
5670 Peachtree Dunwoody Road, Suite 1100, Atlanta, GA 30342**