



THE HAROLD LEEVER
REGIONAL CANCER CENTER

We wish to make a gift of: \$ _____

In Memory of: _____

In Honor of : _____

General Donation

Enclosed is a check payable to The Harold Leever Regional Cancer Center.

Please charge my Credit Card

Card # _____

Expiration Date _____ CSC # _____

Name as it appears on card _____

Billing address: _____

Phone # _____

E-mail Address: _____

Signature: _____

Please acknowledge my donation as a gift from: _____

Please notify the following person of this gift:

Name(s): _____

Address: _____

I would like this gift to remain anonymous