



Desert Cancer Foundation of Arizona
"Awareness, Education & Hope"

Donation Form

Yes, I wish to make a gift to The Desert Cancer Foundation of Arizona

Name:

Address:

Phone #: Email:

Donation amt: \$50 \$75 \$100 other

Payment Method: check credit card or PayPal other:

Please contact me to arrange for payment

If your donation is in support of an upcoming event, please indicate the name of the event here

Do you wish to have your name listed on the Desert Cancer website as a contributor?

Yes No

If your gift is being made on another's behalf, please indicate the type of gift below.

In Memory of In Honor of Gift in Kind Thank You Gift

Designee name

Acknowledgement Instructions: Your gift will be acknowledged to the person(s) of your choice if names and addresses are provided below.