



**8-950 Factor Building  
Box 951780  
Los Angeles CA 90095-1780**

PHONE: 310.206.0675

**DONATION FORM for MAKE CANCER LESS SCARY**

YOUR NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

***I would like to make a donation of \$*** \_\_\_\_\_

**IF YOUR DONATION IS A TRIBUTE, WE CAN SEND A TRIBUTE CARD (\$10 MINIMUM PER CARD)**

**MY GIFT IS:**     in honor of:     in memory of:

Please send a card announcing my gift (we do not disclose the gift amount) to:

NAME

ADDRESS

CITY

STATE

ZIP

MESSAGE TO INCLUDE ON TRIBUTE CARD (optional)

**FOR CREDIT CARD DONATIONS:**

I authorize the JCCF to collect the amount of: \$ \_\_\_\_\_

VISA     MC     AMEX     DISCOVER

CARD NUMBER

EXPIRATION DATE (mm/yy)

NAME (as it appears on card)

SIGNATURE

**PLEASE DO NOT SEND CASH.** Checks and money orders payable to "Jonsson Cancer Center Foundation" may be mailed to the address at the top of this form. Thank you in advance for your generosity!

Check here if you would like to help the JCCF go green, by requesting an electronic receipt (please provide email address).