
(Please Print) PREFIX FIRST NAME MI LAST NAME

STREET ADDRESS

CITY STATE ZIP

EMAIL PHONE

- I'd like to join the *Sustaining Hope Club* by becoming a monthly donor to provide steady resources year-round! Please charge me \$_____ every month.
- I wish to remain anonymous.
- I have included the AACR in my will and/or estate plans and would like to learn more about membership in the Dr. Bayard D. Clarkson Legacy Society.
- Yes! My employer will match my gift. I am enclosing the appropriate form from my employer.
Company Name: _____

I/We wish to support lifesaving cancer research by making a gift to the American Association for Cancer Research. Enclosed is my donation of:

\$25 \$50 \$100 \$250 \$500 Other: \$_____

I wish to pay by:

- Check/Money Order (payable to AACR Foundation)
- Visa MasterCard American Express

Card Number Expiration Date CVV Code* Signature (please print & sign)

*Visa, MC: Enter last three digits above signature. AmEx: Enter four digits above card number

Please contact the AACR Foundation at foundation@aacr.org to learn more about additional donation options, such as gifts of securities and IRA Charitable Rollovers.

My gift is in **memory** or **honor** of: _____

Please notify the individual/family below of this **memorial** or **honor** gift: (please circle memorial or honor)

Full Name & Address

Please mail form to: AACR Foundation, 615 Chestnut Street, 17th Floor, Philadelphia, PA 19106

Questions? Contact: foundation@aacr.org | 844.385.2064 | AACRFoundation.org

Gifts to the AACR Foundation are tax-deductible to the fullest extent of the law as no goods or services are provided in consideration of a gift (Tax ID #23-3100004).