

Partners in Courage Registration Form



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I wish to make monthly gifts of \$ _____ as indicated below.

Please check one and follow the instructions

Electronic Funds Transfer (EFT)

I authorize my bank to transfer the amount I have selected via electronic funds transfer. I have enclosed my tax-deductible check payable to Dana-Farber Cancer Institute as my first payment. I understand that my monthly bank statement will serve as my receipt.

Please deduct my gift on the: 1st of the month 15th of the month

Signature _____ Date _____

Credit/Debit Card

I wish to make my monthly pledge by credit or debit card. I understand that my monthly credit card statement will serve as my receipt.

MasterCard Visa American Express Discover

Card # _____ Exp. date _____

CVV _____ Signature _____
(3 or 4 digit code on the back)

Please mail your completed form to:

Dana-Farber Cancer Institute
Attention: *Partners in Courage*
10 Brookline Place West, 6th floor
Brookline, MA 02445

Or fax to: 617-632-4070
Attention: *Partners in Courage*