

MAKE A GIFT – MAIL IN FORM

Donor Name (Mr./Mrs./Ms./Dr.) _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Email _____

Enclosed is a gift of \$ _____

Where it is needed most

Other _____

This gift is

In memory of (name) _____

In honor of (name) _____

Please notify:

Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Email _____

Occasion/Instructions _____

Gifts of \$15 or more will be acknowledged with a letter.

My gift is being made in the form of securities (please call 617-632-5550).

Enclosed is my corporate matching gift form.

I would like information on including Dana-Farber in my estate plan.

PAYMENT METHOD

Check enclosed (make payable to Dana-Farber Cancer Institute or the Jimmy Fund)

Please charge my credit card

Visa

American Express

MasterCard

Discover

Account Number _____ 3 Digit CSV Code _____

Expiration Date _____ Signature _____

Please enroll me in the monthly giving plan, Jimmy's Team, with a monthly gift of \$ _____

Charge this amount to my credit card monthly.

Please send me 12 envelopes to mail a monthly check.

I authorize this amount as a monthly automatic bank transfer.

Enclose a check for the first month and complete the following information:

Bank _____ Account Number _____

Signature _____

Please make checks payable to: Dana-Farber Cancer Institute

P.O. Box 849168

Boston, MA 02284-9168

(p) 800.52.JIMMY(t) 617.632.4070

