

Mail-In Donation Form



June E. Nylen Cancer Center is exempt under Section 501 (c)(3) of the Internal Revenue Code, making this gift tax deductible.

DONOR INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone: _____ E-mail Address: _____

DONATION DESIGNATION (Select one option)

- I would like to designate my donation for Patient Assistance Fund Wig Boutique & Resource Center
 New Technology & Equipment Research Prevention & Screening Services Transportation
 Other _____

I would like my donation to be used as an unrestricted gift to where most needed.

I would like my donation to honor / remember this person: _____

If you wish notification sent regarding your gift, please provide name & address here. The amount of your gift is NOT disclosed.

GIFT INFORMATION

Credit Card Type: Discover Card Master Card VISA American Express

Credit Card Number _____ Expiration Date _____

Name on Card _____ CVC (3 digits on back of card) _____

Cash Contribution or Direct Billing

\$ _____

\$ _____

\$ _____

TOTAL PLEDGE

PAID NOW

BALANCE DUE

Please have the June E. Nylen Cancer Center bill me for the balance due in the following manner:

Monthly Quarterly Once on _____

Signature _____ Date _____

**Thank you! Please return this pledge form to: June E. Nylen Cancer Center • 230 Nebraska Street
• Sioux City, IA 51101 • Phone (712) 252-0088 • Tax ID# 42-1411233**