



The Foundation  
for Cancer Care

## Donation Form

Please fill out the form below and mail to:

The Foundation for Cancer Care  
300 Lackawanna Avenue, Unit 200  
Scranton, PA 18503

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Amount of Contribution (Check One):**

\$25     \$50     \$100     \$250     \$500

**Other Amount** \_\_\_\_\_

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I want to make this gift in recognition of \_\_\_\_\_.

I would like to inform \_\_\_\_\_ of my donation at the address filled  
out below. *\*Please note – your donation amount will remain confidential.*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**Check enclosed payable to The Foundation for Cancer Care**

*Please mail checks to the Foundation for Cancer Care, 300 Lackawanna Avenue, Unit 200, Scranton PA 18503*

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**Charge my Credit Card**

Mastercard     Visa     Discover     American Express

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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**Questions? Please call us at (570) 558-3597 or e-mail [4cancercare@gmail.com](mailto:4cancercare@gmail.com)**