



Donation Form

FOR DONORS AND FRIENDS OF HOPEWELL CANCER SUPPORT

**PLEASE PRINT THIS FORM
AND MAIL TO**

HopeWell Cancer Support
Post Office Box 755, Brooklandville, MD 21022
You may also fax this form to 410.337.0937

**If you have any questions,
please call us at 410.832.2719.**

Yes! I want to support hope...

And, give a gift of _____.

- \$1,000 or more, Wellwishers Club
- \$500-\$999
- \$250-\$499
- \$100-\$249
- Under \$100

Please charge \$ _____ to my Visa Mastercard

Exp. date _____ Signature _____

Email address _____

Please make your check payable to HopeWell Cancer Support.

NAME (FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

MY COMPANY WILL MATCH THIS GIFT. PLEASE ENCLOSE A MATCHING GIFT FORM FROM YOUR EMPLOYER.

Online giving is another easy option! Visit hopewellcancersupport.org and click on the "Support Hope" button.

This gift is made...

- In honor of...
- In memory of...

Please notify: _____
NAME

STREET ADDRESS _____ CITY, STATE, ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Please include this message on the card...

*HopeWell Cancer Support is a 501 (c)(3) nonprofit organization, donations to which are tax deductible to the fullest extent allowed by law.
For a copy of our current financial statement, please contact HopeWell Cancer Support or the office of the Secretary of State, Annapolis, MD 21401.*

