



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.*

