



Thank you for joining the Fox Chase family of supporters! Your gift will help to advance cancer medicine in ways that will significantly improve the lives of generations to come.

**Donor Information**

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_  
Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Gift Information**

Gift amount:  \$50     \$100     \$250     \$500     Other: \_\_\_\_\_  
 My check is enclosed payable to Fox Chase Cancer Center  
 Please charge my:  Visa     MasterCard     American Express     Discover  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card Holder's Name \_\_\_\_\_ CVV: \_\_\_\_\_

**If you wish to make your gift in honor or memory of someone special or in honor of a special occasion, please complete the following information and we will send an acknowledgment card.**

In memory of: \_\_\_\_\_  
 In honor of: \_\_\_\_\_  
 In honor of a special occasion: \_\_\_\_\_  
Please send a  memorial /  honor card to:  
First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_  
Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
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**Matching Gift Information**

Can your gift be matched by your employer or your spouse's employer?  Yes     No  
Please check with your employer's Human Resources department to receive the correct forms. It's a wonderful way to double your support!

Please mail this completed form with your check or credit card information to:

**Fox Chase Cancer Center**  
Office of Institutional Advancement  
333 Cottman Ave.  
Philadelphia, PA 19111

You may also fax this form with your credit card information to 215-728-2759 or call the Fox Chase Gift Line at 215-728-2547.

**Thank you for your generous gift to Fox Chase Cancer Center!**