



# FOX CHASE CANCER CENTER

TEMPLE HEALTH

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. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## 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 215-728-2745.

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