



Printable Gift Form

Name: _____

Address: _____

City and State: _____

Phone: _____

Business Name (if applicable): _____

Business Address: _____

My gift will be matched by my/my spouse's employer. Name of employer (please mail copy of employer form, if any): _____

100% of all donations stay here in the community, helping friends, family, and neighbors with expenses and other challenges associated with cancer and its treatments.

GIVING OPTIONS:

CREDIT CARD (please check one): Master Card Visa Amount: \$ _____

Card Number: _____

Expiration Date: _____

Signature: _____

CHECK Enclosed is my check for \$ _____ made payable to Community Cancer Services.

CCS is a non-profit, 501(c)(3), public charity. All gifts are tax deductible, as allowed by law.

I am making this gift in honor of: _____

I am making this gift in memory of: _____

Name and address of person to be notified: _____

Send this completed form, with check, if applicable, to:

Community Cancer Services
1215 Michigan Street, Suite B
Sandpoint, ID. 83864