

Cancer Support Community Central Ohio
www.cancersupportohio.org • 614-791-9510
mellis@cancersupportohio.org

I hereby pledge and promise to pay a gift of:

Please update your contact information.

Name _____

Email _____

Address _____

City _____

State _____ Zip _____

Phone _____

\$1,100 \$640 \$120 \$65 other \$_____.

Enclosed is my check, payable to Cancer Support Community.

Please bill me for the full amount.

Please charge the amount above in ____ installments to my credit card.

I want to be a giving circle member!

Please charge my card the following amount each month: \$25 \$50 \$100

Account Number _____ Expiration Date: _____

Name on Card (Please Print): _____

Signature: _____

Billing Address (if different from contact information): _____

Printing in this area is not recommended and will be subject to review

I'd like to make my gift:

\$ _____ in honor of _____.

\$ _____ in memory of _____.

\$ _____ in celebration of _____.

Please notify the following person of my donation:

Name _____

Address _____

City/State/Zip _____

Gift That Gives Twice – Grounds for Wellness Organic Coffee. Yes, I'd like more information on the Cancer Support Community Coffee Club!

I'm interested in learning more about including Cancer Support Community Central Ohio in my will.

So No One Faces Cancer Alone.
www.cancersupportohio.org

HOPE.



**CANCER SUPPORT
COMMUNITY**

CENTRAL OHIO

10330 Sawmill Parkway, Suite 600
Powell, Ohio 43065