



**OFFLINE DONATION FORM**

This donation is for a:  Participant  Team  General donation to A2C

If for a participant or team, provide name here: \_\_\_\_\_

This gift is in honor of: \_\_\_\_\_

Donor(s) name: \_\_\_\_\_  make this gift anonymous

**Gift Amount:**

\$25  \$50  \$100  \$250  \$500  other: \_\_\_\_\_

**Billing Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Information:**

Credit Card Type:  VISA  Master Card  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Make checks payable to: **Cancer Research Institute**

Completed form can be mailed to:

Cancer Research Institute/A2C

One Exchange Plaza

55 Broadway, Suite 1802

New York, NY 10006

Thank you for supporting the Cancer Research Institute. All donations are tax-deductible to the extent allowed by law. Our Tax ID number is: 13-1837442.

