



MILES PERRET
CANCER SERVICES

Official Use Only

Cash Journal: _____
Tax ack. letter: _____
Raiser's Edge: _____

Cash Donation Form

Please fill in the following information:

Donor Information

Donor Name and/or Business: _____ Date: _____

Name of Contact Person (if different from above): _____

Donor Address: _____

City: _____ State: _____ Zip: _____ Phone number:() _____

Email address: _____

Acknowledgement Information

Is this donation: In Honor of _____ In Memory of _____

Would you like a written acknowledgement to be sent to the Honoree/ Family? Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Special Note to include: _____

Donation Information

Donation Amount: \$ _____

Method of Payment:

Cash

Check # _____

Credit card

Visa

MasterCard

American Express

Credit card number _____

Expiration _____ Security code _____

Name on Card _____