



YES, I WANT TO SUPPORT CANCER RESEARCH, TREATMENT AND PREVENTION!

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Office Phone _____ Email address (or fax): _____

Enclosed is my personal gift of \$_____ (Make checks payable to UNC Lineberger Comprehensive Cancer Center)

Please charge my gift to my VISA MasterCard American Express

Single payment of \$ _____

_____ (#) payments of \$ _____ each for a total of \$ _____ to be charged: Monthly Quarterly

Account# _____ Exp. date _____ Signature _____

Additionally, my company (or my spouse's) will match this gift. Enclosed is the company's gift form.

I would like to direct my gift:

- Where the need is greatest
- Treatment and Prevention Research
- N. C. Cancer Hospital Patient Support Services

Or to the following UNC Lineberger program area:

- | | |
|--|---|
| <input type="checkbox"/> Bone and Soft Tissue Cancers | <input type="checkbox"/> Lung and Thoracic Cancers |
| <input type="checkbox"/> Bone Marrow and Stem Cell Transplantation | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Brain Tumors | <input type="checkbox"/> Myeloma |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Pediatric Cancers |
| <input type="checkbox"/> Cancer Genetics | <input type="checkbox"/> Prostate, Bladder & Kidney Cancers |
| <input type="checkbox"/> Colon, Pancreas and Liver Cancers | <input type="checkbox"/> Medical Oncology |
| <input type="checkbox"/> Gynecologic Cancers | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Head and Neck Cancers | <input type="checkbox"/> Surgical Oncology |
| <input type="checkbox"/> Leukemia, Lymphoma | |

Tribute gifts may be made in honor or in memory of a friend or relative. UNC Lineberger will promptly acknowledge your gift and notify those you designate.

My gift is: In memory of _____ In honor of _____ On the occasion of _____

Please notify: Name _____

Address _____ City, State, Zip _____

Please return this form to:
UNC Lineberger Comprehensive Cancer Center
Campus Box 7295
Chapel Hill, NC 27599-7295

Please note: Gifts over \$1,000 annually (July 1-June 30) qualify you for membership in the Lineberger Club; gifts over \$2,000 additionally qualify you for the Co-Founders of the Medical Foundation & the University's Chancellor's Club.