UNC LINEBERGER

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
- ❑ Comprehensive Cancer Support Program
- ❑ N. C. Cancer Hospital
- ❑ Bone and Soft Tissue Cancers
- ❑ Bone Marrow and Stem Cell Transplantation
- ❑ Brain Tumors
- ❑ Breast Cancer
- ❑ Cancer Genetics
- ❑ Colon, Pancreas and Liver Cancers
- ❑ Gynecologic Cancers
- ❑ Head and Neck Cancers
- ❑ Leukemia, Lymphoma
- ❑ Lung and Thoracic Cancers
- ❑ Melanoma
- ❑ Myeloma
- ❑ Pediatric Cancers
- ❑ Prostate, Bladder & Kidney Cancers
- ❑ Medical Oncology
- ❑ Radiation Oncology
- ❑ Surgical Oncology

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 as a Lineberger Leadership Partner; gifts over $2,000 additionally qualify you for the Co-Founders of the Medical Foundation & the University's Chancellor's Club.*