

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

Full Name:	
Address:	
City, State, Zip:	
Home Phone: Office Phone:	Email:
☐ Enclosed is my personal gift of \$ (Make checks payable	e to UNC Lineberger Comprehensive Cancer Center)
☐ Please charge my gift of \$ to my: ☐ VISA ☐ N	MasterCard ☐ American Express
☐ This is a one-time gift.☐ I'd like to become a Monthly Partner . Please charge my o	credit card monthly for the amount above.
Card # Exp. Da	te Signature
☐ Additionally, my company (or my spouse's) will match this gift. E	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:	
 □ 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 relat and notify those you designate.	ive. UNC Lineberger will promptly acknowledge your gi
My gift is: ☐ In memory of ☐ In honor of	On the occasion of
Please notify: Name	
Address Ci	ity, 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 Leadership Partners.