



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

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Enclosed is my personal gift of \$\_\_\_\_\_.

- I have enclosed a check, payable to UNC Lineberger Comprehensive Cancer Center
- Please charge my gift to my:     VISA             MasterCard             American Express
- I'd like to become a *Monthly Partner*. Please charge my credit card monthly for the amount above.

Card # \_\_\_\_\_ 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 to:

- Where the need is greatest (373724)

Or to the following UNC Lineberger program area:

- |   |  |
|---|--|
| <input type="checkbox"/> Bone and Soft Tissue Cancers (377133)              | <input type="checkbox"/> Leukemia, Lymphoma (373855)                   |
| <input type="checkbox"/> Bone Marrow and Stem Cell Transplantation (379303) | <input type="checkbox"/> Lung and Thoracic Cancers (373755)            |
| <input type="checkbox"/> Brain Tumors (374088)                              | <input type="checkbox"/> Melanoma (374095)                             |
| <input type="checkbox"/> Breast Cancer (378406)                             | <input type="checkbox"/> Myeloma (378437)                              |
| <input type="checkbox"/> Cancer Genetics (378480)                           | <input type="checkbox"/> Pediatric Cancers (373895)                    |
| <input type="checkbox"/> Colon, Pancreas and Liver Cancers (373734)         | <input type="checkbox"/> Prostate, Bladder & Kidney Cancers (379650)   |
| <input type="checkbox"/> Gynecologic Cancers (373733)                       | <input type="checkbox"/> Comprehensive Cancer Support Program (378577) |
| <input type="checkbox"/> Head and Neck Cancers (379300)                     | <input type="checkbox"/> Other: _____                                  |

Please note: Gifts over \$1,000 annually (July 1-June 30) qualify you for membership in the *Lineberger Leadership Partners*.

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 Development and Communications**  
**Campus Box 7295**  
**Chapel Hill, NC 27599-7295**

Questions? Please contact UNC Lineberger Development at 919-966-5905 or [lccgiving@med.unc.edu](mailto:lccgiving@med.unc.edu).

For Office Use: PID # \_\_\_\_\_