



✓ 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 Health Foundation.

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:

Bone and Soft Tissue Cancers (377133)

Bone Marrow and Stem Cell Transplantation (379303)

Brain Tumors (374088)

Breast Cancer (378406)

Cancer Genetics (378480)

Colon, Pancreas and Liver Cancers (373734)

Gynecologic Cancers (373733)

Head and Neck Cancers (379300)

Leukemia, Lymphoma (373855)

Lung and Thoracic Cancers (373755)

Melanoma (374095)

Myeloma (378437)

Pediatric Cancers (373895)

Prostate, Bladder & Kidney Cancers (379650)

Comprehensive Cancer Support Program (378577)

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 Health Foundation  
123 W. Franklin St. Ste 510  
Chapel Hill, NC 27516**

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

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