

I PLEDGE TO GIVE

MONTHLY QUARTERLY ANNUALLY ONE TIME GIFT

\$5,000 \$1,000 \$500 \$100 _____
OTHER

I PLEDGE TO HELP AS A VOLUNTEER

SURVIVEit™ | PO BOX 1844 | SIOUX FALLS, SD 57101

PAYMENT INFORMATION

CHECK MASTERCARD VISA AMERICAN EXPRESS

NAME ON CARD

CARD No.

EXP. DATE

SIGNATURE

DATE

WELL-INFORMED CANCER PATIENTS
FIND BETTER CARE

I BELIEVE

THEY FACE THEIR DISEASE WITH LESS
FEAR AND HAVE BETTER OUTCOMES

TOGETHER WE CAN REMOVE THE FEAR OF CANCER

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL