



Wyoming FOUNDATION FOR CANCER CARE

DONATION FORM

Please direct my donation as:

- A Gift in General
- A Gift in Memory of _____
- A Gift in Honor of _____

Amount of Gift: \$ _____

If you would like an acknowledgment card sent on your behalf, please complete the following section:

Name _____

Address _____

City, State, Zip _____

Message: _____

Your Information:

Name _____

Address _____

City, State, Zip _____

Phone number if we have questions _____ - _____ - _____

(over)

I have enclosed a check for my donation.

I would like to donate by credit card:

Billing address (if different from previous) _____

Card Holder's Name: _____

Address: _____

City, State, Zip: _____

Visa Mastercard American Express Discover Other _____

Card Number _____

Expiration Date ____/____ Verification Code _____

Please mail or fax your donation form to:

Wyoming Foundation for Cancer Care

6501 E. 2nd St

Casper, WY 82609

Phone: 307-235-5433

Fax: 307-233-4700

Thank You.

Your generosity makes a difference in the lives of cancer patients, their families and their communities.

As a 501(c)3 Charitable organization, all contributions to the fund are tax deductible within IRS regulations.