



## Donation Form

Enclosed is my gift of \_\_\_\_\_

- Check enclosed payable to Massey Cancer Center  
 Please charge my credit card  
 Visa    Mastercard    American Express

Name on card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name for donor listings \_\_\_\_\_ Check if anonymous

**This gift is made**  In honor of    In memory of

Name \_\_\_\_\_

### Please send an acknowledgement of this tribute gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

### I would like this gift to support:

- Wherever the need is greatest  
 Other \_\_\_\_\_

### Additional information:

- I have enclosed my company's matching gift form.  
 I would like information about how to include Massey in my estate plans.  
 I would like information about major gift opportunities.

Please call the Development Office at (804) 828-1450 with any questions.

Gifts are tax-deductible, as allowable.

### Send this form to:

VCU Massey Cancer Center  
Box 980214  
Richmond, VA 23298-0214