



Contribution Form

I make this contribution to support people with cancer and to support the following *Strides for Hope* team member:

Name of Runner

Enclosed is my donation of: \$ _____

Or make a donation online at
www.cancersupportglv.org

Donor(s) Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone/Fax: _____

Email: _____

My company will match my donation.
The completed matching gift form is attached.

Card Number: _____

Card Type: _____ Exp. Date: _____

Deadline for fundraising is April 15th
Make checks payable to:
Cancer Support Community
944 Marcon Blvd., Suite 110,
Allentown, PA 18109
610.861.7555

Donations are 100% tax deductible.

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_____ Make a general donation.

_____ Purchase _____ raffle ticket(s) at **\$10 each**. Drawing will be held on April 30th

_____ Purchase a ribbon(s) in honor or memory of someone at **\$10 each**.
I will pin the ribbons to my shirt on race day as a tribute to your loved one(s).

In _____ honor or _____ memory of _____

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