



## Donation Form

Please send completed form to:  
Peoria Cancer Center Foundation  
8940 N. Wood Sage Rd.  
Peoria, IL 61615

I would like to make a donation to the Peoria Cancer Center Foundation for \$\_\_\_\_\_.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I have enclosed a check made payable to Peoria Cancer Center Foundation.

Please charge my credit card. My credit card information is below.

Visa

MasterCard

Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

### Memorial/Honorarium Gift

This gift is:      In Memory Of      In Honor Of

Name: \_\_\_\_\_

Please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### Matching Gift

My company will match this gift. The appropriate paperwork is attached.