

ANTI-CANCER CHALLENGE OFFLINE DONATION FORM

GIFT DETAILS _____

Gift Amount:

\$50 \$100 \$250 \$500 other \$ _____

General donation to the Anti-Cancer Challenge

This donation is for (participant or team name): _____

DONOR INFORMATION _____

Donor Name(s): _____

I would like to make an anonymous gift

Phone: _____

Email: _____

Billing Information

Personal Address Business Address

Billing Address: _____

Mailing Information

Personal Address Business Address

Mailing Address: _____

I would like to receive communications from the Chao Family Comprehensive Cancer Center.

I would like to receive communications from the Anti-Cancer Challenge.

PAYMENT INFORMATION _____

Cash *The Anti-Cancer Challenge office must receive cash donations with a completed Offline Donation Form in order to provide a tax acknowledgment. It is not recommended to send cash via mail as it may be lost.

Check *Please make checks payable to the UCI Foundation. Include Anti-Cancer Challenge on the check FOR/memo line.

Credit Card Type: Visa Discover Master Card American Express

Name on CC: _____ CC Number: _____

Expiration Date: _____

All donations are tax-deductible to the extent allowed by law. The ID number for gifts to the UC Irvine Foundation is 95-2540117.

