



PLUTA  
CANCER  
FOUNDATION

## Donation Form

In order for us to properly process your generous donation, please fill out this form and include with your payment:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

From:

Name / Company: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

Enclosed, please find my tax-deductible donation to support Pluta Cancer Center Foundation  
*Please Circle or provide donation amount below:*

\$1,000    \$500    \$250    \$100    \$50    \$25    \$\_\_\_\_\_

Please Notify: Name \_\_\_\_\_ Address \_\_\_\_\_

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

I have enclosed a check for \$\_\_\_\_\_ or Please charge my credit card \$\_\_\_\_\_

CC# \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

*When paying by credit card, please provide your email and phone number.*

Thank you so much for your kindness. We are truly grateful!

**Pluta Cancer Center Foundation Team**