

Please mail this form and your check to:

California Oncology Research Institute
1158 26th Street
Box 383
Santa Monica, CA 90403



Please PRINT all information clearly.

Date: _____

Enclosed is my check in the amount of \$ _____ payable to the
California Oncology Research Institute.

My name: _____

Address: _____ Home phone: (____) _____

City/State/ZIP _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of: _____

(name of deceased)

Send acknowledgement card to:

Name _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____

(name or names)

Gift in honor of: _____

(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____

(name or names)

We thank you for your support.

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