



*Hope takes wing
with you.*

Please consider giving today.

Yes I want to make a gift to support cancer care in our community.

My initial/one-time gift is \$ _____ (payable to Helen G. Nassif Community Cancer Center)

Please direct my gift to: Wellness Support Services Prevention/Clinical Support Spirit Fund* Greatest Need

Please charge my credit card: Monthly Quarterly In full

Name on Card _____ 3 digit security code _____
(please print)

Card Number _____ Exp. Date ____ / ____

Donor Name(s) _____
(please print)

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Donor Signature(s) _____ Date _____

**Provides direct assistance to cancer patients in need (transportation, nutrition, medical supplies)*

This gift is made

In Memory of:

In Honor of:

Please send acknowledgement to:



202 10th street SE
Cedar Rapids, IA 52403
(319) 558-4876

communitycancercenter.org

*Thank you
for your tax-deductible gift.*