



Please print this page and mail to:

Cancer Connection of Northwest Ohio, Inc.
Davis Building
151 N. Michigan St.
Suite #200
Toledo, Ohio 43604

Gift Information

Donation Amount: \$ _____

My Gift is:

- In Honor Of
- In Memory Of

Honoree: _____

At your request, we will notify the designated party that a gift has been made in his/her honor. For memorial gifts, we will notify the family. Please fill in the contact information below if you would like notification to be sent. Thank you.

Please notify: _____

Today's Date: _____

Donor Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Telephone Number: _____

Email: _____

Check or Credit Card Information

Please make checks payable to: Cancer Connection of Northwest Ohio, Inc. If you wish to use a credit card, please complete the information below and mail in this form to the address listed at the top of this page.

Name on Card: _____

Card Type: _____

Account #: _____

Expiration Date: _____

Thank you for your generosity!