



5650 W. Central Ave
Suite D3
Toledo, OH 43615

419-725-1100
www.cancerconnectionofnorthwestohio.com

Gift Information Donation Amount:

\$ _____

Gift is:

o In Honor Of: _____

o In Memory Of: _____

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: _____

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!