



Thank you for supporting Arizona Oncology Foundation and people who are fighting cancer!
You Can also give online using our website at www.arizonaoncologyfoundation.org

Enclosed is my one-time gift of: (check one)

\$20 \$50 \$100 \$500 Other:

Enclosed is regular donation of \$ _____ Check here for a monthly reminder

I authorize Arizona Oncology Foundation to charge \$ _____ to my credit card each month until
until further notice.

Payment Method: Check Enclosed Credit Card (Visa, MC , D, AMEX)

Account NO. CCV Exp. Date

Please make checks payable to Arizona Oncology Foundation.

Personal Information

Arizona Oncology Foundation does not share donor's personal information.

Name: Email:

Address: City: State: Zip:

*Arizona Oncology Foundation is a 501(c)3 non-profit organization.
Your gift is deductible to the full extent by law.*

This gift is anonymous

Yes, my employer matches charitable gifts, the form is enclosed with my contribution.

This gift is in honor/memory of _____

Please send acknowledgment of this gift to:

Name: Email:

Address: City: State: Zip:

Learn about other ways of giving. I would like additional information about:

Estate Planning Matching Gifts Program Volunteering

To learn more about Arizona Oncology Foundation, contact us at **520-471-9067**
or visit our website at www.arizonaoncologyfoundation.org

