



# CANCER SERVICES

## THANK YOU FOR REMEMBERING...

**YES**, I would like to help local cancer patients in need.

My gift of \$\_\_\_\_\_ is enclosed.

Please invoice me for \$\_\_\_\_\_.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

In kind donation \_\_\_\_\_

Please notify the following of this gift:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*All charitable gifts to Cancer Services are deductible to the extent allowed by current law. Please make your gift check payable to:*

Cancer Services  
505 E. Perkins Ave.  
Sandusky, OH 44870

*To donate by credit card, please call us at 419-626-4548 or 800-401-9054.*

