



**BeatCancer.Org Donation Form**

Thank you for supporting BeatCancer.Org! Your generous contribution helps us continue our mission to educate, empower, and support cancer patients through holistic care and guidance.

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**DONOR INFORMATION**

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

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

Date: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Country/Province (if not USA): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Yes, I would like to receive communications from BeatCancer.Org.

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**GIFT INFORMATION**

Enclosed is my gift of \$ \_\_\_\_\_ (Please make checks payable to BeatCancer.Org)

I would like to make my gift monthly.

Please charge my credit card for \$ \_\_\_\_\_

<ul style="list-style-type: none"> <li>• Discover® Card</li> <li>• MasterCard®</li> <li>• Visa®</li> <li>• American Express®</li> </ul>	<p>Credit Card Number: _____</p> <p>Expiration Date: _____</p> <p>Name on Card: _____</p> <p>Security Code: _____</p> <p>Signature: _____</p>
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## MEMORIAL AND TRIBUTE DONATIONS (optional)

This gift is in Memory of:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

This gift is in Honor of:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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## SEND GIFT NOTIFICATION TO:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Country/Province (if not USA): \_\_\_\_\_

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## PERSONAL MESSAGE

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## ADDITIONAL INFORMATION

BeatCancer.Org is a 501(c)(3) non-profit organization. Your donation may be tax-deductible as allowed by law. Please consult your tax advisor for details.

EIN: 23-2634508

Website: [www.beatcancer.org](http://www.beatcancer.org)

Phone: 888-551-2223

Email: [support@beatcancer.org](mailto:support@beatcancer.org)

Thank you for your support in helping us empower patients and create lasting change!