

Mary Bird Perkins Cancer Center Corporate Gift Donation Form

PLEASE PRINT ALL INFORMATION.

*required information

**Please indicate if this is an outright gift or pledge:*

I would like to make an outright gift of \$ _____ .

I would like to make a pledge of \$ _____ to be paid monthly quarterly semiannually annually.

Please begin billing me on (date) _____ .

**Donor information:*

*Company Name _____

*Contact Person _____ Position _____

Company President/CEO _____

*Phone _____ Fax _____ E-mail _____

*Address _____

*City _____ *State _____ *Zip _____

Name as preferred on donor recognition lists _____

Do not publish my name.

This gift may be designated in memory/honor of a friend or loved one or for a special occasion such as a birthday or anniversary.

In Memory of _____

Honor of _____

Special Occasion (if applicable) _____

Please send notification of this gift to...

Mr., Mrs., Ms., Dr. _____

Address _____

City _____ State _____ Zip _____

Home phone _____

This donation given by (if different from above) _____

**Please indicate method of payment:*

Enclosed is my check or money order made payable to...

Mary Bird Perkins Cancer Center
4950 Essen Lane
Baton Rouge, LA 70809-3482

Please charge my Visa MasterCard American Express

Account # _____ Expiration Date _____

Signature _____

Do not publish my name.

Please send me gift envelopes.

I would like to receive e-mail updates and information about Mary Bird Perkins Cancer Center (include e-mail address above).

Special notes _____