

# Mary Bird Perkins Cancer Center Individual 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:*

\*Mr., Mrs., Ms., Dr. \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse's first name (if applicable) \_\_\_\_\_

Place of employment \_\_\_\_\_

Spouse's place of employment \_\_\_\_\_

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Do not publish my name.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 \_\_\_\_\_

*\*Other information:*

Please send me gift envelopes.

My company matches my gift. I have enclosed my company's matching gift form.

I have included Mary Bird Perkins Cancer Center Foundation in my will/estate plans.

I would like information on how to include Mary Bird Perkins Cancer Center Foundation in my will/estate plans.

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

Special notes \_\_\_\_\_

Cancer survivor?  Yes  No Patient or former patient of Mary Bird Perkins Cancer Center?  Yes  No

If yes, I give Mary Bird Perkins Cancer Center permission to contact me regarding participation in special programs for current and former patients and their loved ones. (Sign) \_\_\_\_\_