



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.

