

# Damon Runyon Cancer Research Foundation

## DAMON RUNYON CANCER RESEARCH FOUNDATION DONATION FORM

Thank you for your donation. At Damon Runyon, we give **100% of donations to the nation's brightest young scientists**, so your gift will make a direct impact on the development of new ways to diagnose, treat and prevent cancer. *We can give 100% to cancer research because our low administrative costs are paid from our Damon Runyon Broadway Tickets service and our endowment.*

Your donation is tax deductible and for gifts of \$25 or more, a receipt will be sent via the U.S. Postal Service. Just complete the following form and send it along with your payment information or a check to:

**Damon Runyon Cancer Research Foundation**  
**One Exchange Plaza**  
**55 Broadway, Suite 302**  
**New York, New York 10006**  
*Fax: 212-455-0509*

Or call us at our toll-free number at: **1-877-7CANCER**

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YOUR NAME

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ADDRESS

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CITY/STATE/ZIP

\$ \_\_\_\_\_  My donation is in memory or in honor of someone special.  
(Please fill out details on second page.)

AMOUNT OF DONATION

**METHOD OF PAYMENT:**  CHECK  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

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EXPIRATION DATE

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NAME (AS IT APPEARS ON CARD):

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EMAIL

HOW DID YOU HEAR ABOUT US?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Annual Report  | <input type="checkbox"/> Magazine               | <input type="checkbox"/> Attended a Damon Runyon Event     |
| <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Newspaper              | <input type="checkbox"/> Directory assistance/Yellow Pages |
| <input type="checkbox"/> Letter Mailing | <input type="checkbox"/> TV                     | <input type="checkbox"/> Other: _____                      |
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| <input type="checkbox"/> Email          | <input type="checkbox"/> From a Friend/Relative |  |

**If Memorial or Special Occasion, please fill out the following information:**

IN MEMORY OF: \_\_\_\_\_

IN HONOR OF: \_\_\_\_\_

- Birthday     Anniversary     Get Well Wishes     Other: \_\_\_\_\_

Acknowledge with card to:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

**MATCHING GIFTS**

If you or your spouse work for a company that matches all or part of employees' charitable contributions, please ask for the company's Matching Gift form to return with your contribution.

*Check here if your company will match your gift.*