

THE FACE OF CANCER

Date: _____

Name : _____ Company: _____

Address: _____ City: _____ State: _____

Phone Number: _____ E-Mail: _____

Monetary Donation Amount: \$ _____

No substantial goods or services were received in exchange for this gift.

Item, Gift, or Service Donation Estimated Value: \$ _____

This gift is valued at \$75 or more and I received substantial goods or services in return. **Value:** _____

Item Received: _____

Donor Signature: _____

Tax ID# 47-2096574 | 1477 E. Shaw Ave. Suite 128, Fresno, CA 93710 | info@faceofcancer.org

The Face of Cancer is recognized as tax-exempt by the IRS under Section 501(c)(3);