

AMERICAN CANCER SOCIETY TELETHON

Pledge Amount By

In HONOR of In MEMORY of

Name _____

Street Address _____

City _____ State _____ Zip _____ Phone # _____

Email Address _____

CREDIT CARD PAYMENT

Name _____

VISA MCARD

Card Number

Exp Date V Code

NO PAYMENT IS ATTACHED

PAYMENT ATTACHED

CASH \$ _____

CHECK # _____

Check payable to: American Cancer Society. Send to cancertelethon.org, PO Box 33, Lansford, PA 18232

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