



Our Mission

To promote thrivership, educational initiatives related to cancer for both the community and healthcare providers, access to lymphedema management, and to support fundraising efforts to sustain the viability of the fund.

I am pleased to support the Nancy B. Clemente Cancer Fund. Please accept my support at the following level:

- \$101 - \$250 GOLD LEVEL
- \$51 - \$100 SILVER LEVEL
- \$1 - \$50 BRONZE LEVEL
- \$45 "NANCY's NECKLACE"
- \$20 "NANCY's EARRINGS"
- \$60 "NANCY's NECKLACE & EARRINGS"
- FRIEND - Contributions of products and services, such as printing, are also appreciated; please describe below:

Name: _____

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Payment

Contributions may be made by credit card or check. Mail this completed form with your payment to the address noted below.

CREDIT CARD: American Express MasterCard Visa Discover

Card Number: ---- Exp. Date: -

Name on Credit Card: _____

Billing Address: _____
(if different from above)

CHECK PAYMENT: Checks should be made payable to: **Nancy B. Clemente Cancer Fund**

MAIL: Send this completed form along with payment to: **Nancy B. Clemente Cancer Fund**
c/o Northeast Health Foundation
SPHP Center for Philanthropy
310 South Manning Boulevard, Albany, NY 12208

THANK YOU for your support!