



Please print and mail this form to:

Israel Children's Cancer Foundation  
Seven Penn Plaza Suite 1602  
New York, New York 10001-3977

Phone: 212.768.4447

Fax: 212.768.8927

info@israelcancer.org

### Your Contribution

I am pleased to make a tax-deductible contribution of:

\$25    \$50    \$100    \$250    \$500    \$1000    Other \_\_\_\_\_

Method of Payment:  American Express    Discover    MasterCard    Visa    Check Enclosed

Credit Card Number: \_\_\_\_\_ Signature \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ / Year \_\_\_\_\_

Schedule Contributions (Optional)

Contribute This Amount:  Once    Monthly    Quarterly    Semi-Annually

Limit Number of Contributions to: \_\_\_\_\_

### Tributes (Optional)

This gift is given in  Memory of    in Honor of: \_\_\_\_\_

Special occasion, if any: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please indicate that this tribute contribution is being made by: \_\_\_\_\_

I would like the ICCF to acknowledge this gift with an appropriate card to:

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Your Information

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (include area code) \_\_\_\_\_ E-mail Address: \_\_\_\_\_