

# DANA-FARBER CANCER INSTITUTE AND THE JIMMY FUND DONATION FORM

## GIFT INFORMATION

Donor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Day Phone \_\_\_\_\_ Email \_\_\_\_\_

ENCLOSED IS MY DONATION OF \$ \_\_\_\_\_

Area of greatest need  Other \_\_\_\_\_

## PAYMENT METHOD

This is a one-time donation. (For monthly donations, please fill out Jimmy's Team section below.)

Check enclosed (make payable to Dana-Farber Cancer Institute or the Jimmy Fund)

Please charge my credit card

Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ 3 or 4 Digit CVV Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

## TRIBUTE GIVING

This gift is  In memory of  In honor of (name) \_\_\_\_\_

## PLEASE NOTIFY:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Occasion/Instructions \_\_\_\_\_

## JIMMY'S TEAM MONTHLY GIVING PROGRAM

I would like to join Jimmy's Team with a monthly donation. Monthly donation amount \$ \_\_\_\_\_

Please withdraw from my checking account

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Please charge my credit card

Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ 3 or 4 Digit CVV Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

I am interested in learning more about:

Including Dana-Farber in my estate plans

Contributing a gift of stock or securities to Dana-Farber

The Dana-Farber Campaign and the mission to Defy Cancer

My company's matching gift program

**Please make checks payable to:** Dana-Farber Cancer Institute, P.O. Box 849168, Boston, MA 02284-9168 (p) 800.52.JIMMY (f) 617.632.4070

*Gifts of \$15 or more will be acknowledged with a letter. 10% of all designated gifts supports our Faculty Research Fund to advance Dana-Farber's research mission.*

