



Fifth District AHEPA
Cancer Research Foundation, Inc.

TRIBUTE FORM

Please enter the following identification information:

**Items marked with an asterisk (*) are required because without them we are unable to record your gift*

STEP 1: PERSONAL INFORMATION

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Day Tel: _____ Eve Tel: _____ Email: _____

STEP 2: TRIBUTE GIFT DESIGNATION:

Enclosed is my gift of: \$25 \$50 \$100 \$200 \$250 \$500 Other \$ _____

A receipt will be issued and mailed to the name and address stated above

My employer will match my contribution. I will send an employer matching gift form.

The person(s) for whom this donation is given: _____

If you would like the Foundation to send this person (or family member) an acknowledgement letter of your donation, please note their address below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

My Gift is: (Please select one from below)

A Memorial Gift: a memorial donation is a particularly meaningful way to remember a family member, friend or colleague and to show your respect and support for others during their time of loss.

An Appreciation Gift: has someone done something nice for you or your group? A charitable donation made in someone's name can often be the perfect solution for saying thank you and that they are appreciated.

A Special Occasion: _____

Thank you for supporting the Fifth District AHEPA Cancer Research Foundation, Inc.

The Foundation is a 501 (c) 3 non-profit organization; all contributions are tax deductible to the fullest extent provided by the law.

Fifth District AHEPA Cancer Research Foundation, Inc. PO Box 481, Edison, NJ 08818-0481

**Send Tribute donation and this form to: Fifth District AHEPA Cancer Research Foundation, Inc.
c/o Andrew C. Zachariades, Treasurer, 305 Worth Street, Brick, NJ 08724**