

DONATION FORM

Yes! I'd like to support the NYOH Community Cancer Foundation with the following gift:			PLEASE MAIL YOUR CHECK AND THIS COMPLETED FORM TO
□ \$500	□ \$300	□ \$100	The NYOH Community Cancer Foundation 449 Route 146, Suite 101 Clifton Park, NY 12065
□ \$75	□ \$50	☐ Other \$	
You can also donate online at www.nyohfoundation.org			
DONOR INFO	RMATION		
Name:			
Phone: Email:			
Company/Orga	anization (if ap	oplicable):	
Address:			
City:		State:	Zip:
☐ I would like my gift to remain anonymous			
DEDICATED GIVING (if applicable)			
☐ My donation	on is in memo	ry of:	
☐ My donation	n is in honor	of:	
Their relationsh	nip to me:		
☐ I would like the NYOH Community Cancer Foundation to notify the following person(s) of my dedicated gift: Name:			
Address:			
City:		State:	Zip:
Personal messa	nge:		

449 Route 146, Suite 101, Clifton Park, NY 12065 www.nyohfoundation.org

Donations to the NYOH Community Cancer Foundation are tax-deductible to the full extent of the law.

Please consult with your tax advisor for your specific financial situation.

Any questions, please contact: hello@nyohfoundation.org or call: (518) 373-3950