



Special Gift Form

Donate to celebrate a birthday, anniversary or other special event, or console a family with a special memorial gift.

Please print out this form, print or type the information on both pages and mail or fax it to us with your tax-deductible gift. Checks should be made payable to The Trading Post. You may also use your credit card. All gifts are made in U.S. funds.

Donor Information

First name: _____ MI: _____ Last name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Email address: _____ Phone number: _____

Gift Information

Gift amount: \$ _____

My check is enclosed payable to The Trading Post

Please charge my credit card

Visa MasterCard

Card Number: _____ Expiration Date: _____

Signature: _____

Type of Gift

For a special occasion

Type of occasion _____

In honor of: _____

for: _____

In memory of: _____

Please send an honor / memorial card to:

First name: _____ MI: _____ Last name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Donor Name: _____

Please use my gift where it is most needed in the Fox Chase Cancer Center research, prevention and treatment programs.

Please use my gift for the following program area:

Please mail this completed form with your check or credit card information to:

The Trading Post
1536 E. Lancaster Ave.
Paoli, PA 19301

You may also **fax** this form with your credit card information to: 610-644-8927.

The Trading Post: 610-644-6122

Thank you for your gift to Fox Chase Cancer Center.

The official registration and financial information of **Fox Chase Cancer Center** may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Your contribution is tax deductible to the extent permitted by law and helps save lives.