



ROSWELL PARK  
CANCER INSTITUTE

Alliance Foundation

*Thank you for your donation supporting groundbreaking cancer research and compassionate patient care programs at Roswell Park Cancer Institute.*

**Please mail this completed form with your gift to the address below:**

Roswell Park Alliance Foundation, Elm & Carlton Sts., Buffalo, NY 14263.

You may also fax this form to 716-845-1478.

**DONATION INFORMATION**

- Donation Amount:  \$1,000 (Gratwick Society Level)
- \$500
- \$250
- \$100
- \$50
- \$35
- Other \_\_\_\_\_

*You may be able to double your donation by applying for "Matching Gift" funds from your employer. Call your Human Resources Office to find out if your donation is eligible!*

**ADDITIONAL INFORMATION**

- Corporate:  This donation is on behalf of a company.  
Please indicate company name: \_\_\_\_\_
- Anonymous:  I prefer to make this donation anonymously.

**DONOR INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PAYMENT INFORMATION**

- Check (payable to Roswell Park Alliance Foundation)  VISA  MasterCard  American Express

Cardholder's Name: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**TRIBUTE INFORMATION**

Type:  In honor of:  In memory of:  
Name: \_\_\_\_\_

Please send an acknowledgment to:  
Name: \_\_\_\_\_  
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Please send me information on wills and life income gifts.  
  
For other Giving Opportunities, call 716-845-4444 or visit [www.roswellpark.org/Giving](http://www.roswellpark.org/Giving).