

Please accept my gift of \$ _____

to sponsor _____ days at \$100 / day.

I am not able to give \$100 at this time but pledge

Person honored _____ Date chosen _____

Thank you

Birthday

Other

Memorial

Anniversary

Contributor (name) _____

Address _____

Send Acknowledgement to:

Name _____

Address _____

Please make checks payable to:

Cancer Care of NCW, Inc., 1708 Castlerock Ave., Wenatchee, WA 98801

Your contribution is tax deductible