

# GIFTS TO HONOR OR REMEMBER: MD ANDERSON CANCER CENTER AT COOPER

I WISH TO SUPPORT **MD ANDERSON CANCER CENTER AT COOPER** WITH A GIFT OF \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## PLEASE DESIGNATE MY GIFT TO THE FOLLOWING AREA

**MD Anderson Cooper General Fund**  
(Please designate my gift to the area where it is needed most)

- Artful Healing
- Behavioral Health
- Breast Cancer Surgery Fellowship Program
- Cancer Genetics
- Cancer & Pregnancy
- Cancer Research
- Dr. Diane Barton Complementary Medicine
- Gastrointestinal Cancer
- Gynecological Cancer
- Janet Knowles Breast Cancer Center
- Lung Cancer
- Melanoma
- Medical Oncology
- Palliative Care
- Patient in Need Program
- Pink Roses Teal Magnolias Fund
- Radiation Oncology

## PLEASE RECOGNIZE MY GIFT AS FOLLOWS

In Honor of \_\_\_\_\_

On the Occasion of \_\_\_\_\_

In Loving Memory of \_\_\_\_\_

## PLEASE NOTIFY THIS INDIVIDUAL/ FAMILY OF MY GIFT

(gift amount will remain confidential)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## PAYMENT INFORMATION

- Enclosed is my check.  
(Make payable to The Cooper Foundation)
- Please charge my credit card:
  - Visa    MasterCard    Discover    AMEX
- Name on Card \_\_\_\_\_
- Card Number \_\_\_\_\_
- Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_
- Signature \_\_\_\_\_
- Please accept my donation as a payroll deduction.  
Signature \_\_\_\_\_  
(Cooper employees only)

## MATCHING GIFT

Many employers will match an employee donation. Please contact your Human Resources Office for the appropriate form and return it to us with this form.

Matching Gift Form:  Enclosed    Will arrive later  
Company Name \_\_\_\_\_

## PLANNED GIVING

- Please send me information about remembering Cooper University Health Care/ MD Anderson Cancer Center at Cooper in my will.
- I have already included Cooper University Health Care/ MD Anderson Cancer Center at Cooper in my will.



Please mail this completed form to:

**The Cooper Foundation  
Sheridan Pavilion  
3 Cooper Plaza, Suite 500  
Camden NJ 08103**

If you have questions, please call **856.342.2222**.  
To make a gift online, visit **foundation.cooperhealth.org**.