

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** (Area of Greatest Need)
- Andres Ferber, MD Hematologic Malignancy Research
- Artful Healing
- Behavioral Health
- Breast Cancer Surgery Fellowship Program
- Cancer Genetics
- Cancer & Pregnancy
- Cancer Research
- Dr. Diane Barton Complementary Medicine
- Dr. Generosa Grana Cancer Genetics Lecture Endowment
- Dr. Katherine Cannon Hughes Women Physician Edu. Memorial
- Gastrointestinal Cancer
- Gynecological Cancer
- Head & Neck
- Janet Knowles Breast Cancer Center
- Jim Ffis Lung Cancer Research
- Melanoma
- Medical Oncology
- Palliative Care
- Patient in Need Program
- Pink Roses Teal Magnolias Fund
- Prostate Cancer
- Radiation Oncology
- Sister Will You Help Me!
- Susan Bass Levin Ovarian Cancer Endowment Fund
- Susan Marie Rupp Ovarian Cancer Research Fund
- Tina Cressman Cancer Education

PLEASE RECOGNIZE MY GIFT

In Honor of _____

In Memory of _____

On the Occasion 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.



The Cooper Foundation
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**.