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Please print or type your gift information. Mail or fax the completed form to The Cooper Foundation.

Name: _____
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Donation Information:

Gift Amount: \$ _____
Fund Designation: The Cooper Foundation Other: _____

Gifts to Honor or Remember (Optional)

Type of Gift: In Honor of In Memory of On the Occasion of
Tribute Name: _____
 Please mail a tribute card on my behalf to:
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Enclosed is my check (Make payable to *The Cooper Foundation*)
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Card Type: Visa MasterCard American Express Discover
Name on Card: _____ Signature: _____
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 Please accept my donation as a payroll deduction (*Cooper employees only*).
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Additional Information:

Corporate: This donation is on behalf of a company
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Matching Gifts:

My company will match my gift Company Name: _____

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

The Cooper Foundation
Three Cooper Plaza, Suite 500
Camden, NJ 08103
Or Fax: 856.342.2109