



Name _____

Home Address _____

City/State/Zip _____

Department _____

Email _____

Please direct my donation to:

- THE COOPER FOUNDATION
- COMMUNITY PROGRAMS
- COOPER CARES *(Employee-managed program that funds patient-centered care)*
- MD ANDERSON CANCER CENTER AT COOPER
- CHILD LIFE PROGRAM
- OTHER *(see funds list)* _____

Please designate my donation as an honor or memorial gift (optional):

- IN HONOR OF _____
- ON THE OCCASION OF _____
- IN LOVING MEMORY OF _____

Notify this person about my honor or memorial gift (Name and Address):

I will honor my pledge this way (complete one column or the other):

BI-WEEKLY PAYROLL DEDUCTION
(January through December)

I understand that my payroll deduction will roll over from year to year unless the Foundation hears differently from me.

- \$1/payment = \$26 total gift
- \$2/payment = \$52 total gift
- \$5/payment = \$130 total gift
- \$10/payment = \$260 total gift
- \$20/payment = \$520 total gift
- \$40/payment = \$1,040 total gift

ONE-TIME GIFT

- \$25 \$50 \$75 \$100
- \$150 Other: \$ _____

AS

- Single payroll deduction
- Cash
- Check (payable to *The Cooper Foundation*)
- Credit: Visa MC AMEX

Card# _____
Exp _____ / _____ Security Code _____

Signature _____ Date _____

Return this form by **December 31st**. Interoffice mail to:

The Cooper Foundation
3 Cooper Plaza, Suite 500
Camden, NJ 08103

Or fax to **856.342.2109**. If you have questions, please contact:
856.342.2222 or **cooper-foundation@cooperhealth.edu**

