

*"We make a living by what we get, but we make a life of what we give."
Winston Churchill*

We appreciate your consideration of a gift to Massachusetts General Hospital Cancer Center. We maintain donor confidentiality at all times.

Personal Information

The "*" symbol indicates information required by the Development Office to process your gift and provide tax acknowledgement.

*Title: _____

*First Name: _____ *Last Name: _____

*Address Line 1: _____ *City/Province: _____

Address Line 2: _____ *State: _____ Zip Code: _____

*Country: _____

Is this a new address? Yes No
(if other than US)

*Daytime Phone: _____ E-mail: _____

*Evening Phone: _____ Fax: (optional) _____

My gift is for:

Contribution Amount in \$

- General Support**
Gifts made to the general support fund will be utilized throughout the Cancer Center to support those areas where the need is most urgent. _____
- Cancer Research**
Gifts made to cancer research will benefit ongoing efforts to chart critical new terrain in laboratory, translational and clinical research. _____
- Clinical Support**
Gifts made to support the many clinical programs within the Cancer Center will be help physician scientists make essential breakthroughs in the treatment of cancer and offer vital support to patients and their families. _____
- Other**
Gifts can be made to support other areas of need throughout the Cancer Center, such as physician and researcher recruitment and the expansion of quality-of-life services for cancer patients. _____

Anonymous Gift Yes No

Payment Information

Type of Credit Card

- American Express Credit Card Number _____
- Visa Name on Card _____
- Master Card Expiration Date _____
- Check – *Please make your check out to: Massachusetts General Hospital*

Gift As A Tribute

In Memory of: _____

In Honor of: _____

Please send notification of my gift to:

Name: _____

Address: _____

City/Province: _____
Country _____
(if not in USA) _____

City/State _____ Zip Code _____

If paying by check, make it out to: Massachusetts General Hospital

Mail to:

Kate Todd

Director of Development, Cancer Center

Development Office

Massachusetts General Hospital

165 Cambridge Street, Suite 600

Boston, MA 02114-2792

Fax: 617-726-7661

If you need assistance or have inquiries about donating to the Massachusetts General Hospital Cancer Center, please call:

Main Phone: 617-726-2200