



**DONATE  
YOUR CAR**  
Help Fight Cancer



# Support Cancer Patients

Your gift is GREATLY appreciated

I would like to present a gift of \$ \_\_\_\_\_

Please use it for \_\_\_\_\_  or where most needed.

Name: \_\_\_\_\_

Your Company/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My donation is in honor/memory of: \_\_\_\_\_

I would like to pay by:  Credit Card  Check (check # \_\_\_\_\_)

If you wish to use a credit card, please complete the information below.

Name On Card: \_\_\_\_\_

Card Type:  Visa  Mastercard  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_ (last 3 digits in the signature bar on back of card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail To:**  
Cars Fighting Cancer  
1700 W Hamlin Rd, Suite 201  
Rochester Hills, MI 48309  
(888) 950-CURE (2873)

