



# GIFT Donation form

Please mail completed form to  
Cancer Community Renewal Project  
Carol Lundin  
36 Summer St.  
Norwell MA 02061

Full Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I would like my donation in honor of (gift name) \_\_\_\_\_

Their Address (for gift card) \_\_\_\_\_

Their phone \_\_\_\_\_ Their email \_\_\_\_\_

Date to deliver the gift card by \_\_\_\_\_

Matching Company Name \_\_\_\_\_

Total Contribution Amount \$ \_\_\_\_\_

I would like to pay my gift

- In Full (check enclosed)
- Monthly (first installment check enclosed)
- Quarterly (first installment check enclosed)

THANK YOU for your generous contribution.

Cancer Community Renewal Project is a 501c3 Non-Profit Organization. Your contribution is fully tax deductible. Please keep a copy of this contribution form for tax purposes.