1958 50th Anniversary Campaign 2008

Guardians Of Hope™

I pledge my support at the *Ambassador of Hope* level to ensure that the life-sustaining work of Cancer Patient Care continues.

_____ **$ 1,000 per year for 3 years** _____ **5 years** _____

_____ **$10,000 per year for 3 years** _____ **5 years** _____

_____ **$25,000 per year for 3 years** _____ **5 years** _____

* * * * * * * * * * * * *

Or, at this time, I am able to pledge $_____ **for** _____ **Years**

_____ **I would like to contribute in other ways. Please contact me.**

My check is enclosed, made payable to: Cancer Patient Care

_ Please charge my Visa/MC #_____ Exp. _____

_ Please contact me about paying my pledge with stock.

_ My company will match my gift.

Date: _____

Name: _____

Organization: _____

Address: _____

City: _____ State:_____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail address: _____

Thank you for your generous support.

Cancer Patient Care®
Embracing hope
Embracing life