



**SAMUEL WAXMAN CANCER  
RESEARCH FOUNDATION**

Thank you for your interest in supporting the **Samuel Waxman Cancer Research Foundation**. Your gift is very much appreciated. As a charitable donation it is tax-deductible to the full extent of the law. Please print this form, fill it out and send it to the Foundation at the address below.

**DONATION INFORMATION:**

Gift Amount Circle one: \$50 \$100 \$250 \$500 \$1,000

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Method of payment:: Check (payable to **SWCRF**)

Please charge my: Visa Mastercard American Express Discover

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**TRIBUTE GIFT INFORMATION:**

When you make a gift in honor of or in memory of a loved one, the Foundation will be pleased to acknowledge to those you designate.

This gift is made in honor of memory of (circle one)

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Please acknowledge the following person(s) on my behalf:

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**Please send this form with your check or credit card information to:**

**Samuel Waxman Cancer Research Foundation, 420 Lexington Avenue, Suite 825, New York, NY 10170**

**You may also donate by contacting our Development Office at (p) 212-867-4502 (f) 212-867-4851**