Downloadable Donation & Membership Form

If you prefer to pay by check, please print and complete the form below and mail it along with a check payable to:

Susan F. Lasky Cancer Foundation PO Box1353 Northbrook, IL 60065

Billing Information First Name Last Name Street Address City State Zip Code E-mail Phone **Donation** ☐ Make a donation in honor of someone Amount \$ ☐ Make a donation in memory of someone Amount \$ Donations: Send acknowledgement of honor to Name(s) Address State Zip Code City Comments Membership □ Individual Membership \$25.00 \$10.00 ☐ Junior Membership

□ Family Membership

☐ Corporate Membership

Total: \$ USD

\$100.00 USD

\$50.00