



## CEWF GENERAL ONLINE DONATION FORM

**Mail This Form and Donation to:** Cancer and Careers, 159 West 25<sup>th</sup> Street, 8<sup>th</sup> Floor, New York, N.Y. 10001  
One-Time Donation Amount: \$ \_\_\_\_\_

**YES!** Please make my gift a recurring **monthly donation** to support Cancer and Careers

\_\_\_\$20/month    \_\_\_\$30/month    \_\_\_\$40/month    \_\_\_Other    \$\_\_\_\_\_/month

### Donation Information:

Is this donation being made by a company? Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

**YES!** I would like to receive email communications from Cancer and Careers (i.e., updates on events, programs, etc.)

My check is enclosed and made payable to CEW Foundation     Please charge my credit card

### Credit Card Information:

Card Type:  AMEX     Discover     MasterCard     Visa

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

Card Number: \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Credit Card Billing Information:

**(If the billing address is different from the donor information, please enter the billing information below)**

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

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

### Gifts **In Honor** or **In Memory** of an Individual:

*\*Note: Cancer and Careers does not disclose the donation amount.*

Honoree's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Send Acknowledgement of my gift to:  
(First / Last Name): \_\_\_\_\_

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

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

cancerandcareers.org

Channel: WEBSITE

Appeal: ONLINEMAIL