



GAME ON CANCER - OFFLINE DONATION FORM

Thank you for supporting a participant in the Game On Cancer campaign. Your donation immediately impacts our mission and 100% of funds will be dedicated to serving our patients. Please visit our website at www.gameoncancer.com for more information.

Name of participant you are supporting

Participant's Team Name (if applicable)

Your Information

Name Company Name

Mailing Address City State Zip

Telephone Number Email (required)

Donation Amount

- \$26 Educational kit and cancer resource guide for a GOC Kid's Club family
- \$78 Utility bill or ExCite – oncology exercise program membership
- \$150 Life-saving prescription coverage or co-pays
- \$325 Car payment and/or gas cards
- \$670 Six weeks of roundtrip transportation to chemo or radiation therapy appointments
- \$1000 A month of housing and grocery assistance
- Other \$ _____

My employer has a Matching Gifts program. I've included all necessary additional information.

Payment Information

- Cash
- Check (made payable to Game On Cancer)
- Credit Card Personal _____ or Business _____

Name as it appears on card

Credit Card Number

Expiration Date

Acknowledgement Information

Please acknowledge this pledge using:

- Name above
- Company name above
- Anonymous
- Other: _____

Return completed donation forms to: **Game On Cancer, c/o HFHS, One Ford Place, Suite 5A, Detroit, MI 48202.**

All donations will be processed by Henry Ford Health System/Game On Cancer, a 501c3 not-for-profit organization in the State of Michigan. All donations are tax deductible to the full extent of the law. There will be a \$30 fee for returned checks.