

*Honor a friend or loved one* who has been touched by cancer by making a \$25 donation for a Light of Hope Tribute. At the event, your tribute will be recognized with a lit lantern. If you are unable to attend, you can still participate and make a donation for a tribute. Your Light of Hope Tribute will be displayed at the event.

I would like to make a donation for a Light of Hope Tribute in the following name(s):

\_\_\_\_\_

\_\_\_\_\_

Total number of tributes: \_\_\_\_\_ Total donation: \$ \_\_\_\_\_ (\$25 minimum per tribute)

## Payment Information

- Check(s) enclosed, payable to the American Cancer Society
- MasterCard     Visa     American Express     Discover

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_

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

**Please complete this form and return in the provided envelope by DATE.**

The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions, please visit us online at [cancer.org](http://cancer.org) and click on the "privacy" link at the bottom of the page or call us any time at 1-800-227-2345.

