



Contribution Form

Donor Information

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

(Required for receipt. We will not give or sell your email address to any other organization.)

Please list my gift as anonymous.

Gift Information

Check/Money Order Amount Enclosed: \$ _____
(payable to Colon Cancer Coalition)

If you would like to make your gift by credit card, please visit www.coloncancercoalition.org/give

Gifts may be made *In Honor of* or *In Memory* of a friend or loved one.

In Honor of **OR** In Memory of:
(please fill in person's name) _____

Send gift notification to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Acknowledgement will not specify gift amount.

Please mail gifts to:

Colon Cancer Coalition
5666 Lincoln Drive, Suite 270
Edina, MN 55436

Remove my email address from regular mailings.

The Colon Cancer Coalition is a qualified organization recognized under section 501(c)(3) of the Internal Revenue Code, EIN 30-0377727. Gifts made are tax-deductible to the extent allowed by law.