

Chocolate Tour

to support cancer research to find the cure



To Make a Gift by Mail

GIFT INFORMATION

I would like to give \$ _____

Please use my gift for a specific area: Melanoma Research Chocolate Tour Fund

A GIFT TO REMEMBER OR HONOR SOMEONE

This gift is In honor of _____

In memory of _____

If you would like us to notify the person being honored or the family of the person being remembered, please provide their address.

PLANNED GIVING

Please send me information about making a planned gift through my will or a trust.

YOUR INFORMATION

Title Dr. Mr. Ms. Mrs. Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Alumni—year of graduation _____ PSU 9-digit ID number _____

Payment Information Check enclosed (payable to Penn State University)

Bill my credit card (please complete information below)

Name as it appears on credit card _____ Signature (required for authorization) Visa MasterCard Discover American Express

Credit card number _____

Expiration date/month/year _____

OMITTING NAME FROM DONOR PUBLICATIONS

I do not want my name listed as a donor in any publications.

THANK YOU FOR YOUR GENEROSITY. WE ARE GRATEFUL FOR YOUR SUPPORT

Print/complete this form and send with your check or credit card information to:

Melanoma and Skin Cancer Center
Attn: Teah Batdorf
Penn State Milton S. Hershey
Medical Center
Cancer Institute
Mail Code CH74
500 University Drive
P.O. Box 850
Hershey, PA 17033

You will receive a tax receipt for your gift. Have a Question About Giving? Please contact:
Givinginquiries@hmc.psu.edu
717-531-8497

