



DONATION FORM

Participant Information:

Day of Giving Participant Name (if applicable): _____

Designation Area (select one):

- Most Pressing Needs
- Angel Fund
- Blood Cancers (Leukemia/Lymphoma/Myeloma)
- BMT/Transplant & Cellular Therapy
- Brain Cancer
- Breast Cancer
- Gastrointestinal Cancers (Colorectal/Esophageal/Stomach)
- Genitourinary Cancers (Prostate/Bladder/Kidney)
- Gynecological Cancer
- Head, Neck & Thyroid Cancers
- Immunotherapy/Clinical Trials
- Liver and Pancreatic Cancer
- Lung Cancer
- Melanoma
- Pediatric Cancer
- Sarcoma

Donor Information:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Donation Amount: *Please make checks payable to Roswell Park Alliance Foundation and include the designation area you wish to support in the memo field.*

Total Check Dollar Amount: \$ _____

Thank you for your contribution!
Please mail this form and your check(s) to:

**Roswell Park Alliance Foundation
P.O. Box 644
Buffalo, NY 14240-0644**

Questions?
Email: giving@roswellpark.org