## Gerald P. Murphy 🔊 Cancer Foundation

CENTER FOR EXCEPTIONAL LONGEVITY STUDIES



Gerald P. Murphy Cancer Foundation Donation Form

Please complete form and mail donation to:

Gerald P. Murphy Cancer Foundation Attn: Development Dept. 3000 Kent Avenue, Suite E2-100 West Lafayette, IN 47906

YES! I (we) wish to support the work of the Gerald P. Murphy Cancer Foundation, a 501(c)(3) organization dedicated to helping people live longer and better lives through basic, comparative, and clinical research.

Please apply my (our) gift of \$ \_\_\_\_\_ in support of the following effort(s):

- \_\_\_\_Unrestricted General operating needs
- \_\_\_\_ Equipment needs
- \_\_\_\_ Endowment
- \_\_\_\_ PATH to Progress
- \_\_\_\_\_2-Steps Ahead
- \_\_\_\_ Gallery Club
- \_\_\_\_\_ Other: \_\_\_\_\_\_

I (we) intend to make my (our) commitment in the form(s) of:

- \_\_\_\_ cash/check (enclosed)
- \_\_\_\_\_ transfer of securities/stock
- \_\_\_\_ trust/annuity
- \_\_\_\_ life insurance
- \_\_\_\_ other: \_\_\_\_\_

I (we) make this donation in the form of

- \_\_\_\_\_a one time gift
- \_\_\_\_ monthly
- \_\_\_\_ quarterly

annual installments of \$ \_\_\_\_\_ beginning on (date) \_\_\_\_\_, and/or as follows: \_\_\_\_\_.

Enclosed is the amount of \$ \_\_\_\_\_ .

\_\_\_\_\_ My donation may qualify for a corporate match by the following company:

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## Donor Contact Information:

Name(s)

Company or Organization

Address

City	State	Zip	Country
,			

Phone	Fax	E-mail

The Foundation	may	may not publish	my (our) names
among those of other	donors.		

I (we) wish my (our) name(s) to appear as follows (please print):

Name:			

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

The Gerald P. Murphy Cancer Foundation is a not-for-profit corporation, exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code, and qualifies for charitable tax deduction by individual donors. Federal Tax ID # 91-1397558