



The
CANCER RESOURCE CENTER
HUDSON VALLEY

Yes! I want to help cancer patients in the Hudson Valley.
My contribution in the following amount is enclosed:

Please Print

\$25 Name: _____

\$50 Address _____

\$75 City, State, Zip: _____

\$100 Email: _____

Other _____ Phone Number: () _____

My check is enclosed, payable to The Cancer Resource Center of the Hudson Valley, Inc.

Contributions to the Cancer Resource Center of the Hudson Valley are tax deductible to the extent provided by law

My gift is in Honor of _____

My gift is in Memory of _____

Please Notify the following individual/family of my gift:

Name _____

Address: _____

City, State, Zip Code _____

Thank you for your thoughtful donation to The Cancer Resource Center of the Hudson Valley, Inc. We are dedicated to being the voice of advocacy for cancer patients, their families and caregivers in the Hudson Valley through support services and programs.

www.hudsonvalleycancer.org Please mail to: PO Box 124, Mountainville, NY 10953