

DONATION AMOUNT.

MAKE A DONATION



DONATION API	600 M3 (600 M7 M9 M7) (6. Feb.)		
☐ I would like to autom	natically repeat my gift every month.		<u></u>
Please designate my gif	ft to this fund:	Leukemia Research Fund	
PAYMENT OPTIONS	Greeneba	um Comprehensive Cancer Ctr.	
	, payable to UMMS Foundation.		
		nerican Express Discover	
NAME ON CREDIT CARD		CREDIT CARD NUMBER	
EXPIRATION DATE	3-DIGIT SVN CODE OR 4-DIGIT FOR AMEX (ON BACK OF CARD)	BUSINESS CREDIT CARD PERSONAL CREDIT CARD	
DONOR INFORMATIO	N		
TITLE	FIRST NAME	LAST NAME	SUFFIX
JOINT GIFT NAME (IF APPLICABLE))		
ADDRESS			
CITY		STATE	ZIP
PHONE		□ CELL □ HOME □	BUSINESS
EMAIL			
☐ My employer,	, will match my gift. (Please be sure your employer completes requ	uired paperork to match your gift.)
Is this a tribute gift?	☐ in honor of in memory of	Honoree name: Sandra Mellema	
	We are happy to notify the honoree/family of and any special message below. Name of individual/family you would like	the memorialized of your generosity. Please provide the potity of your gift. Ernest Mellema	
	1198 Ramblewood Drive	Annapolis	MD 21409
	ADDRESS	CITY	STATE ZIP
	MESSAGE		

THANK YOU FOR YOUR SUPPORT!

PLEASE MAIL TO: UMMS Foundation P.O. Box 64573 Baltimore, MD 21264-4573

We deeply appreciate your support. If you prefer not to receive fundraising communications from UMMS Foundation, please call 410-328-5770 and we will remove you from our list.

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