

## Memorial or Tribute

Please accept this gift of \$	to Cancer Coalition of Ben Hill and Irwin.
In Honor of: Please send acknowledgen	nent of this gift to: (name and address)
In Memory of: Please send acknowledg	ement of this gift to: (name and address)
Please designate my gift to the following:	
Assistance for Ben Hill and Irwin County cancer patients	
Other (please specify)	
I wish to be listed as: Mr. and Mrs.	Mr. Mrs. Dr.
Name	
Address	
City	
State Zip _	
Daytime Phone	Evening Phone
Email:	
Amount of Gift: \$	
Please make check payable to:	Cancer Coalition of Ben Hill and Irwin

Fitzgerald, GA 31750