



Vannie E. Cook Jr. Cancer Foundation

Our mission is to ensure that local children who suffer from cancer and blood diseases receive the most up-to-date care and treatment without the need to leave the region and regardless of ability to pay.

Donor Information (please print or type)

Name	
Address	
City, State, Zip	
Telephone	
E-Mail	

I (we) would like to donate:

\$50 \$100 \$500 \$1000 Other

I (we) pledge a total of \$_____ to be paid:

now monthly quarterly yearly.

I (we) plan to make this contribution in the form of:

cash check credit card other.

Credit card type	
Credit card number	
CVC Verification	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).

form enclosed form will be forwarded

Acknowledgement Information

Please notify the following of this donation (In Honor or In Memory of):

Name	
Address	
City, State, Zip	
Instructions	

I (we) wish to have this gift remain anonymous.

Signature(s)	
Date	

Please make checks, corporate matches, or other gifts payable to:

Vannie E. Cook Jr. Cancer Foundation
 101 W. Expressway 83
 McAllen, TX 78503