

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: (_____) _____

E-mail Address: _____

Type of Donation (please check all that apply):

- \$5,000 Platinum Sponsor
- \$2,500 Gold Sponsor
- \$ _____ Donor Friend
- \$ _____ Brick Pavers (_____ @ \$50 ea. – please see reverse)
- Please contact me about a donation for the silent or live auction.
- Please contact me about naming opportunities.
- \$1,000 Silver Sponsor
- \$ 500 Bronze Sponsor

If donor chooses, the gift may be made:

- in Memory of: _____
- in Honor of: _____

Acknowledgement of the gift should be sent to:

Name: _____

Address: _____

City, State, Zip: _____

- Undesignated Fund
- Designated Fund: _____

Payment Type:

- Check or money order enclosed payable to: *M. D. Anderson Cancer Center*
- Credit Card: American Express Discover MasterCard Visa

Name on Card: _____

Account #: _____ Exp Date: _____

CCV#: _____ (on back of Visa/MC/Disc and on front of AmEx)

Date: _____ Signature: _____

Donations are tax deductible to the extent allowed by law.

Brick Paver Orders

Please fill in the text you want on your pavers in the forms below.
Text will automatically be centered in upper and lower case letters.

- Up to three lines of type; maximum 15 characters per line
- Each space and punctuation mark goes in a separate box of its own

Sample:

M	r	.		J	o	h	n		D	o	e	
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Brick 1

Brick 2

Brick 3

Brick 4

Brick 5

Order as many as you like. Additional order forms at <http://sciencepark.mdanderson.org>