



EMORY
WINSHIP
CANCER
INSTITUTE

A Cancer Center Designated by
the National Cancer Institute

Thank you for helping Winship at Emory remain on the leading edge of cancer research and clinical care. With your investment, we will continue to search for new ways to prevent, treat – and eventually cure – cancer once and for all.

Enclosed is my gift of \$ _____

Enclosed is my pledge of \$ _____ to be paid monthly/quarterly (circle one) starting on ____ / ____ / ____

Name (as it should appear in donor listings) _____

Address _____

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Home phone (____) _____ Work phone (____) _____

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Please make checks payable to Winship Cancer Institute of Emory University

Appeal Code: LFIS1

Please charge my gift to: Visa Mastercard American Express

Card number: |_|_|_|_|_|_|_|_|-|_|_|_|_|_|_|_|_|-|_|_|_|_|_|_|_|_|-|_|_|_|_|_|_|_|_| **Exp. Date (MM/YY):** ____/____

Signature (required) _____

I'd like to have a Winship representative contact me about including Winship in my estate plans.

Enclosed is my employer's matching gift form.

This gift is made in memory of / honor of (circle one) _____

Notification name and address _____

I am particularly interested in Winship's work in the area of _____. Please send me additional information.

*To learn more about Winship or make a secure online donation, visit <http://winshipcancer.emory.edu/support>
For more information about our giving programs, please contact the Development Office at 404.778.5175.*

Please mail gifts to: **Office of Gift Records, Emory University, 1762 Clifton Road NE, Suite 1400, Atlanta, GA 30322-1710**