



**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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

*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**