



the virtual lifeline for proactive cancer patients

YES, I want to support ICAN's Unique Patient Programs!

- \$25,000 Angel
- \$10,000 Leadership Council**
- \$5,000 Major Sponsor
- \$2500 Sponsor
- \$1800 Sustainer
- \$1000 Benefactor
- \$500 Patron
- \$250 Champion
- \$100 Friend
- \$50 Contributor
- Other amount _____

**funds donated or raised per Council member including special events support

- Please add me to your Donor Honor Roll.
- Please contact me about bequests/planned giving.
- Please direct my gift as a sponsorship of an upcoming ICAN event:
 - Golf Tennis Theatre ICAN Tango!
- Please contact me about leadership volunteer opportunities.
- Please direct my gift to where it is most needed.
- Please direct my gift to this named ICAN Program: _____

This gift is in honor memory of: _____

Please acknowledge this tribute/memorial gift to:

Name: _____

Address: _____

(receipt of gift, not amount of donation, disclosed)

By online processing:
www.askican.org/donate

DonorServices@askican.org

Process your gift by phone!
602-618-0183

By fax: 602-926-8109

By mail:
Friends of ICAN
27 West Morten Avenue
Phoenix, AZ 85021-7246

Cardholder Information

First Name: _____ Middle: _____ Last Name: _____

Company: _____ My company will match my gift

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Email: _____

Please email me critical updates and special event invitations through your e-blast system or Constant Contact.

I prefer to remain anonymous and not be listed in reports/websites.

Credit Card Information (Card Types Accepted: Visa, Mastercard, American Express, Discover)

Credit Card #: _____ Billing Address if different from above: _____

Card Security Code (3 or 4 digits): _____

Name on Card: _____

Expiration Date: _____

Thank you for your support of ICAN's Personalized Medicine Cancer Case Navigation Programs!