

Lombardi Comprehensive Cancer Center

Mail-in Gift and Request Form

Yes! I want to support Lombardi's patient care, research and education programs. Enclosed is my tax-deductible gift of:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$100 | |

I/we would like this gift to support Lombardi's Nina Hyde Center for Breast Cancer Research.

A matching gift will be made by:

My/our check is enclosed, payable to the Lombardi Cancer Center.

Please charge my/our gift of \$ _____ to:

- Visa
- MasterCard
- American Express

Credit card number: _____ Expiration date: _____

Name as it appears on credit card: _____

Cardholder's signature: _____

This gift is given in memory of: _____

This gift is given in honor of: _____

Occasion: _____

Please notify: *(Name)* _____

(Address) _____

(City, State, Zip) _____

(Phone Number) _____

I would like to designate the following program to receive my gift (will go to Lombardi Cancer Research unless otherwise noted): _____

Donor Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

EMail: _____

I/we have included the Lombardi Cancer Center in my/our estate plans.

Please send me information on the following:

- Including Lombardi in my estate planning
- Other planned giving opportunities

PLEASE MAIL TO:

Lombardi Comprehensive Cancer Center
New Research Building, Room E501, 3970 Reservoir Road NW, Suite E501 Washington, DC, 20057
Phone: 202-687-2222 Fax: 202-687-6402