

Benefactors Society

Yes! I/We accept your invitation to join
Cancer Support Community Pasadena's Benefactors Society!

Name(s) of Donor(s) _____

Email _____ Preferred Phone _____

Company (optional) _____

Address _____ State _____ Zip _____

Your name(s) as you want them to appear in Benefactors Society
listings and on the Donor Wall: _____

I/We wish to remain anonymous

Membership Levels (select one)

\$20,000 Benefactor \$10,000 Patron

Contribution Payment Plan

We would like to make one payment in full.

Our check made payable to Cancer Support Community Pasadena,
is enclosed for \$ _____

Please charge our credit card:

Credit card # _____ Type: _____

Expiration Date / _____ Security Code _____

Signature _____

I/We would like to pay with appreciated securities. Please contact
me/us with stock transfer information.

We would like to pay in ____ installments (select 2, 3, or 4)

By check

By credit card

With appreciated securities

\$ _____ on March 31, 2018

\$ _____ on June 30, 2018

\$ _____ on September 30, 2018

\$ _____ on December 31, 2018



So So That No One Faces