

Help Subdue Suffering Today

17212 Van Wagoner Road | Suite A | Spring Lake | MI 49456 | www.amacf.org

Living with cancer as a chronic disease for many decades long after treatment as usual has ceased is now stark reality for may cancer survivors. We are researching, educating about, and integrating cancer survivorship programs that address the need of the whole person. Our evidence-based mind-body medicine programs aid a person in the transition from cancer diagnosis (the acute, life-threatening stage) to a chronic condition that can be managed for the remainder of her life.

We call this "The Art of Living: Self Care in Cancer Survivorship."

Your gift provides vital funds that support our mission to transform the relationships and lives of many people affected by cancer now.

Name						
Address						
City	State	Zip				
Phone Number	e-Mail					
I pledge my support by joining atLevel. Enclosed find my contribution in the amount of \$						
This gift is in:	O Celebration of:	O Honor of:	O Memory Of:			
Name						
Name	Send notice of my gift to:					
Address						
City		. State	Zip			
O I prefer to remain anonymous. Please do not list my name in the annual report.						

Support Levels

Philanthropist \$10,000+

Crusader \$7,500+

Patroness/Patron \$5,000+

Benefactress/ Benefactor \$2,500+

Advocate \$1.000+

Associate \$500+

Steward \$250+

Just Starting Out \$50+

Still in College

O Monthly Gift:

Monthly gifts are indispensable to improve the lives of West-Michigan's cancer survivors and their loved ones.

Please Send Your Gift Payable To:

The Absenger Cancer Education Foundation 17212 Van Wagoner Road | Suite A Spring Lake, MI 49456

Please See Reverse Side for our Credit Card Form.

Reveal Your Inner Hero...

Your Gift:						_	
	ation Amount: (For on-	e-time contributions o	ver \$500, please make	payment by check, for n	nonthly gifts please provide your credit card info	o).	
	\$25	○\$50	\$100	○\$500	\$1,000		
	\$2,500	○\$5,000	\$7,500	\$10,000	OOther:		
In Honor Or N	Memory Of:					_	
Make this donat	ion in						
	○ Celebration Of:	ОН	onor Of:	O Memory C	Of:		
	First Name	Last Name					
Please send not	ification of my gift to) :					
	First Name:		Last	Name:	ame:		
	Recipient's Email:						
	From Full Name:			O Di	splay my name as Anonymous		
	Car vid	y you feel a sense o ncer Education Four	f comfort in knowing ndation continue to				
Credit Card I	nformation:						
	First Name:			Last Name			
	Card Numbe				OMC OAmex ODisc		
	Exp. Date:		Year:	the back of the ca	curity code for VISA and MasterCard are located or ard. On American Express cards, the code is fo	ur	
					just above and to the right of the card number.		
				Ctata	e; Zip;		
	City			State	Ζιρ,	_	
Monthly Gift:	O Make this	a monthly gift.	Your gift will automa	atically repeat each m	nonth until you decide to cancel it.		
Personal Info	rmation: Email:			Phor	ne:		
Please Send Your (Donation Form To:	·		it were not for gene	or Your Suppo	you, we would not		
The Absenger Cancer Education Foundation 17212 Van Wagoner Road Suite A Spring Lake, MI 49456		ence in the li	exist. Thank you for supplying the funds that we need to make a difference in the lives of cancer survivors and their families who struggle to adjust to the experience of living with cancer as a chronic disease.				

For Credit/Debit Card Contributions: Please sign and date this form as we cannot complete your credit card gift without your signature.

Your Signature: _____Today's Date: