

**The Kirtland Cancer  
Foundation**  
*Providing Charitable Assistance  
to Families of Cancer Patients*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Through philanthropic support,  
The Kirtland Cancer Foundation provides  
resources that will ensure charitable  
assistance to families of cancer patients.

I would like to make a gift of:  
\$1,000   \$500   \$250  
\$100   \$50   \$25  
Other \_\_\_\_\_

Please make checks payable to:  
**The Kirtland Cancer Foundation**

My check is enclosed

For more information contact 814-437-  
1305

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My gift is  In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

*(Please print or type)*

*Please notify:*

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Zip \_\_\_\_\_

Please send this form to:

The Kirtland Cancer Foundation  
P.O. Box 108  
Franklin, PA 16323

*Thank you for your gift!!*