



Please mail this form or fax this form to:  
**The Charlotte Kimelman Cancer Institute**  
9048 Sugar Estate, Charlotte Amalie  
St. Thomas, VI 00802  
Fax: 1-(340)-714-6340

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Amount of Donation: \$ \_\_\_\_\_  
(If you are making this donation with cash, check or money order, please include this form)

Credit Card Information:

Visa #: \_\_\_\_\_

MasterCard #: \_\_\_\_\_

American Express #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ **Regular** – Make a single donation to the cancer institute.

\_\_\_\_\_ **Monthly** – join our monthly program.

\_\_\_\_\_ In **Memory** of: \_\_\_\_\_

\_\_\_\_\_ In **Honor** of: \_\_\_\_\_

One acknowledgment of your donation will be sent to you and one to the person of your choice.

Send acknowledgment to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Gift Planning** – Learn how to make a tax-saving gift through your will, trust or other estate plans. Contact us via phone: 1-(340)-714-5433.

**Thank you for your support. It is greatly appreciated.**