Israel Cancer Research Fund Donation Form

Your gift helps our researchers in Israel find treatments and cures for cancer.

www.icrfonline.org | info@icrfonline.org | (212) 969-9800

DONOR INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Purpose of Gift: ☐ Contribution ☐ Other (i.e., payment for event)**

**If other, please explain: _____

PAYMENT INFORMATION

I want to support Israel and cancer research with a gift in the amount of:

◯ $5,000 ◯ $3,600 ◯ $1,800 ◯ $1,000 ◯ $360 ◯ $180 ◯ $54 ◯ Other $ _____

◯ One-time gift ◯ Monthly recurring gift

Please make check payable to: Israel Cancer Research Fund

My contribution will be made from a Donor Advised Fund: ☐

Please charge my credit card: ◯ Visa ◯ MasterCard ◯ AMEX ◯ Discover

☐ Yes, please add 3.5% to cover the processing fees.

Card Number: _____

Expiration Date: _____ CVC #: _____ Authorized Signature: _____

MEMORIAL OR HONORARY GIFTS

This gift is in: ☐ Memory of ☐ Honor of _____

Please notify the individual(s) listed below of my memorial or honorary gift.

Name: _____

Address: _____

Email: _____

Please print this form and mail it to:

Israel Cancer Research Fund
52 Vanderbilt Avenue, Suite 1410
New York, NY 10017-3835

◯ I am including ICRF in my estate plan.
◯ Please contact me about planned giving opportunities.
◯ Yes, my company has a matching gift program.