

Registration form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____



I wish to make my monthly contributions of \$_____ as indicated below.
Unfortunately, we cannot efficiently accept donations under \$10 a month.

Please check one and follow the instructions

Electronic Funds Transfer (EFT)

I authorize my bank to transfer the amount I have selected via electronic funds transfer. **I have enclosed my tax-deductible check payable to the Jimmy Fund as my first payment.** I understand that my monthly bank statement will serve as my receipt.

Please deduct my gift on the: 1st of the month 15th of the month

Signature: _____ Date: _____

Credit/Debit Card

I wish to make my monthly pledge by credit or debit card. I understand that my monthly credit card statement will serve as my receipt.

MasterCard VISA Discover American Express

Card #: _____ Exp. Date _____

Signature: _____

Please mail your completed form to:

Dana-Farber Cancer Institute
ATTENTION: *Partners in Courage*
10 Brookline Place West, 6th Floor
Brookline, MA 02445

Or fax it to: 617-632-4070
ATTENTION: *Partners in Courage*