Contribution Form

Donor Information

Name: ________________________________ Phone: ( ) __________________
Address: ________________________________
City: __________________ State: _____ Zip: ___________
Email: ________________________________
(Required for receipt. We will not give or sell your email address to any other organization.)
☐ Please list my gift as anonymous.

Gift Information

☐ Check/Money Order Amount Enclosed: $ ________________________________
   (payable to Colon Cancer Coalition)
   If you would like to make your gift by credit card, please visit www.coloncancercoalition.org/give

Gifts may be made In Honor of or In Memory of a friend or loved one.

☐ In Honor of OR ☐ In Memory of:
   (please fill in person’s name) ________________________________

Send gift notification to:

Name: ________________________________
Address: ________________________________
City: __________________ State: _____ Zip: ___________

Acknowledgement will not specify gift amount.

Please mail gifts to:
Colon Cancer Coalition
2950 Xenium Ln N, STE 102
Minneapolis, MN 55441

☐ Remove my email address from regular mailings.

The Colon Cancer Coalition is a qualified organization recognized under section 501(c)(3) of the Internal Revenue Code, EIN 30-0377727. Gifts made are tax-deductible to the extent allowed by law.