

Yes, I want to bring hope to cancer patients and their families in our community!



**GILDA'S
CLUB
QUAD CITIES**

An Affiliate of the
CANCER SUPPORT COMMUNITY

\$25 - support one family for one week

\$100 - support one family for a month

\$500 - for programs, resources and activities for one member for a year

I would like to give the following amount for program support :\$_____

\$50 - support one member for one month

\$250 - help to fund one support group session

\$1000 - will give children impacted by cancer one month of Noogiland.

I will pay with a credit card

Enclosed is my check payable to **Gilda's Club Quad Cities**

Your contribution is tax deductible. 2.9% credit processing fee applied to all credit card transactions.

Name on Card			
CC #			
Exp Date	CVV	Phone	
Signature			

Donor Name			
Billing Address			
City	State	Zip	
E-Mail			