

**I WOULD LIKE TO SUPPORT  
The Saint Alphonsus Cancer Care Center & Contribute:**

\$ \_\_\_\_\_  \$250  \$100  \$50  \$25

Please use my gift for:

- Nalen Fund—Patient Financial Assistance for Essential Living Expenses
- Amyx Family Resource Center for Patient Education
- Patient Financial Support for Treatment-Related Services
- Screening, Awareness & Prevention Programs
- Clinical Research & Trials
- Bone Marrow Donor Registry
- Staff Education
- Area of Greatest Need

My gift is in memory of: \_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

Please identify honoree:  Patient  Physician  Staff  Other

Please notify this person about my gift:

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

City/State/Zip: \_\_\_\_\_

This gift is made by:

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

City/State/Zip: \_\_\_\_\_

Payment Method:

Cash  Check (make payable to Saint Alphonsus Foundation)

Credit Card

Visa  MasterCard  American Express  Discover

Other \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Acknowledgment:** An acknowledgment is sent immediately to the person or family you designate, notifying them of your gift without mention of the specific amount. You will receive a separate receipt for the amount of your contribution.

Naming opportunities and other significant gifts acknowledge a special commitment and create a lasting memorial. If you are interested in these special opportunities, please contact the Saint Alphonsus Foundation at (208)367-2759.

Please print, fill out and mail this form to:

**Saint Alphonsus Foundation  
1055 N. Curtis Rd.  
Boise, ID 83706-1352**