

## **ICEC Mail-in Donation Form**

<u>Thank you</u> for choosing to support ICEC. ICEC understands that contributing is a personal decision and we are honored that you recognize the importance of our efforts.

GIVING LEVELS		
$\Box$ ICEC Global Partner (\$0-\$999) $\ \Box$ \$750 $\Box$ \$500 $\Box$ \$250	□ \$100 □ Other	Amount \$
$\Box$ ICEC Global Investment Circle $\$1,\!000\mbox{-}\ \$4,\!999$		.Amount \$
□ ICEC Global Visionary Circle \$5,000 – \$9,999		Amount \$
$\Box$ ICEC Global Commitment Circle $\$10,\!000-\$24,\!999$		. Amount \$
□ ICEC Global Ambassador \$25,000-\$49,999		Amount \$
□ ICEC Global Leadership (\$50,000 +)		. Amount \$
$\ \square$ This gift is anonymous $\ \square$ Please do not include	e my name on the ICEC we	bsite or in the annual report
PLANNED GIVING OPPORTUNITIES		
□ ICEC offers many opportunities for planned giving. Ple returning the donor information below or contact the Devel 1928 for further information. We will contact you upon rece	opment Office at <u>Developr</u>	
PAYMEN	IT METHODS	
CHECK, CREDIT CARD or ONLINE at <a href="https://www.iceccanc">https://www.iceccanc</a> Mail this completed form, along with your check or payment International Cancer Expert Corps Outreach and Development 1608 Rhode Island Avenue, NW, Suite 243		
Washington, DC 20036		
	DONOR INFORMAT	ION
Washington, DC 20036  CREDIT CARD (VISA or MasterCard only)	DONOR INFORMAT  Title (Mr./Mrs./Dr.) Firs	
Washington, DC 20036  CREDIT CARD (VISA or MasterCard only)		
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Washington, DC 20036  CREDIT CARD (VISA or MasterCard only)  Credit Card Number  Expiration Date (Month/Year)  CVV (card verification value)	Title (Mr./Mrs./Dr.) Firs  Organization  Street address  City  Phone	t Last  State Zip Code
Washington, DC 20036  CREDIT CARD (VISA or MasterCard only)  Credit Card Number	Title (Mr./Mrs./Dr.) Firs  Organization  Street address  City  Phone  □ Please send my tax-dec	State Zip Code  Email ductible receipt to my email address
Washington, DC 20036  CREDIT CARD (VISA or MasterCard only)  Credit Card Number  Expiration Date (Month/Year)  CVV (card verification value)  Card holder's name  Signature  Make this a recurring monthly donation	Title (Mr./Mrs./Dr.) Firs  Organization  Street address  City  Phone  □ Please send my tax-decorate one: Name for tribute	State Zip Code  Email ductible receipt to my email address

Your input is very important to us! ICEC welcomes any suggestions that may improve care in low- and middle-income countries and other challenging environments. Write us at <a href="mailto:info@iceccancer.org">info@iceccancer.org</a> or to learn more about ICEC visit our website at <a href="https://www.iceccancer.org/">https://www.iceccancer.org/</a>.

QUESTIONS? Contact the Development Office at Development@iceccancer.org call 202-478-1928.

ICEC will send an acknowledgement of your tax-deductible donation and mail a personalized letter notifying individuals of contributions made in their honor through tribute gifts or in memoriam. Donors will be recognized on the ICEC Website and in the ICEC Annual Report unless indicated otherwise.

ICEC is an independent not-for-profit non-governmental 501(c)(3) organization incorporated in the US.