



The Right Team. Right Here.

THE HAROLD LEEVER
REGIONAL CANCER CENTER

I/We wish to make a gift of:

\$ _____ or _____ \$5,000 _____ \$2,500 _____ \$1,000 _____ \$500 _____ \$100 _____ \$50 _____ \$25

Enclosed is my/our check in the amount of \$ _____ payable to The Harold Leever Regional Cancer Center

Please charge my:

MC VISA
(please circle)

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____
please print clearly

Billing Address: _____

Phone #: _____

Signature: _____

Please acknowledge my donation as a gift from:

Name(s): _____
please print clearly

Address : _____

Phone#: _____

In memory of: _____

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