WINSHIP 5K WIN THE FIGHT

WINSHIP CANCER INSTITUTE OF EMORY UNIVERSITY

October 14, 2017

Donor Information

Name _____
Prefix First M.I. Last Suffix

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City, State, Zip _____

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Phone (❑ Home ❑ Work ❑ Cell) _____

Affiliation with Winship & Emory _____

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Donation Amount $ _____

❑ This gift supports 5K team _____
Team Name

❑ This gift supports 5K participant _____
First M.I. Last

Please allocate my gift to the following fund:

- ❑ Winship Director's Fund (unrestricted)
- ❑ Winship Bone Marrow Transplant Fund
- ❑ Winship Brain Tumor Fund
- ❑ Winship Glenn Family Breast Center Fund
- ❑ Winship Colon & Rectal Cancer Fund
- ❑ Winship Genitourinary (Bladder & Kidney) Oncology Fund
- ❑ Winship Gynecological (Ovarian, Endometrial, & Cervical) Oncology Fund
- ❑ Winship Head & Neck Cancer Fund
- ❑ Winship Leukemia Fund
- ❑ Winship Lung Cancer Fund
- ❑ Winship Lymphoma Fund
- ❑ Winship Melanoma & Skin Cancer Fund
- ❑ Winship Multiple Myeloma Fund
- ❑ Winship Ocular (Eye) Oncology Fund
- ❑ Winship Pancreatic & Liver Oncology Fund
- ❑ Winship Phase I Clinical Trials Fund
- ❑ Winship Prostate Cancer Fund
- ❑ Winship Sarcoma Fund

If you choose to make your gift in honor or memory of someone, please provide the information requested below.
Please note that without complete address information, we are unable to send a gift notification.

IN HONOR OF:

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First M.I. Last

❑ Please send acknowledgement to:

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I am a(n): ❑ Family Member ❑ Friend ❑ Other

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Please make your check payable to **Winship Cancer Institute of Emory University** and mail to:

Office of Gift Records
Emory University
Attn: Winship 5K
1762 Clifton Road NE, Suite 1400
MS: 0970-001-8AA
Atlanta, GA 30322-4001

EMORY WINSHIP CANCER INSTITUTE
A Cancer Center Designated by the National Cancer Institute

Winship5K.emory.edu

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