

Affected by Prostate Cancer?



Us TOO International
Prostate Cancer Education & Support Network
2720 S. River Road, Suite 112
Des Plaines, IL 60018
(630) 795-1002

Donation Form

Date of Contribution: ____/____/____

Personal Title: Mr. Mrs. Mr. & Mrs. Dr. Other: _____

Company Name (if applicable): _____

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Donation Amount: \$ _____

- Paid by check (Please make check payable to Us TOO International.)
 Paid by credit card: Amex Visa* MasterCard* Discover Diners Club
(* Credit card statement will note transaction from "Hinsdale Bank Charity Master.")

Credit Card Number: _____ Expiration Date: _____

3 or 4 Digit Security #: _____ Signature: _____

Please note if you would like to designate this gift as being:

- In honor of
 In memory of

Name of person who is being recognized in honor or in memory: _____

Occasion for recognition (if applicable): _____

To whom should the gift acknowledgement be sent? (Acknowledgement sent from Us TOO home office will not specify the amount of the gift.)

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

We recognize donors and contribution amounts in our annual report. Check here if you prefer to remain anonymous.

- My employer will match my gift and I will send the appropriate form.
 I am considering leaving a gift to Us TOO in my will. Please send me information.
 I have already arranged for a planned gift to Us TOO from my estate.

Are you affiliated with an Us TOO support group? Yes No

If yes, please note the name of the support group: _____

Would you like this donation to go to Us TOO home office or your local Us TOO support group? _____

Please print/complete form and mail to:

Us TOO International
Prostate Cancer Education & Support Network
2720 S. River Road, Suite 112
Des Plaines, IL 60018

Thank you!