

DONATION FORM

The Pat Hearn Colin de Land Cancer Foundation
405 Park Avenue (Suite 1410)
New York, NY 10022

I want to participate in *The Pat Hearn Colin de Land Cancer Foundation* as a contributor. My donation will help provide grants to individuals in the visual arts community with cancer in the New York Metropolitan area.

I wish to make my gift for (please circle one): \$100 \$250 \$500 \$1000 other

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (*work or home-please circle one*)

Email _____

I would like to make my donation in honor or memory of someone special and have an acknowledgement card sent to their family.

I wish to make my gift - In honor of - In memory of (please circle one)

Name _____

Occasion _____

Please send an acknowledgement card to:

Name _____

Address _____

City _____ State _____ Zip _____

Please make checks payable to *The Pat Hearn Colin de Land Cancer Foundation*. You will receive a confirmation in recognition of your gift/donation .

Contributions to the foundation are tax deductible to the extent permitted by law. Please consult your own tax advisor.