



Join our committed monthly donors in supporting the American Institute for Cancer Research's (AICR) vital mission throughout the year by donating a specified amount each month. Once you sign up, the process is completely automated, and your donations go where they are needed most – reliably and efficiently.

To sign up, just check one of the convenient options described below and fill in the appropriate information. Then mail or fax the required documents for your preferred payment method to our Monthly Giving Service Center using the contact information below.

**American Institute for Cancer Research**  
Dept. MDP  
PO Box 97167  
Washington, DC 20090-7167  
  
Phone 1-800-843-8114      Fax 202-328-7226

***In the future, I prefer the following payment option:***  
 Charge my monthly pledge to my credit card.  
(See section A below)  
 Deduct my monthly pledge from my checking account.  
(See section B below)

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

**PAYMENT AMOUNT**

Choose your monthly donation amount:

\$5       \$10  
 \$15       \$25  
 \$50       \$100  
 Other \$ \_\_\_\_\_

**SECTION A**

**Charge your pledge to your credit card!**  
*(Your monthly pledge will appear on your credit card statement)*

I'd like to charge my monthly pledge!  
 Visa     MasterCard     American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_  
*(Please print clearly)*

Signature \_\_\_\_\_

**SECTION B**

**Have your pledge automatically deducted from your checking account!**

I authorize my bank to pay the American Institute for Cancer Research the amount of \$\_\_\_\_\_ each month in accordance with the terms and conditions below.

Name *(Please print clearly)* \_\_\_\_\_

Signature \_\_\_\_\_

Bank Routing Number\* \_\_\_\_\_ Account Number\* \_\_\_\_\_

\*A voided check can be sent in place of filling in bank routing and account numbers.  
Please send enrollment form, and voided check, if applicable to Member Services via mail.