



American Institute  
for Cancer Research

1759 R Street NW  
Washington DC 20009  
(202) 328-7744

PLEASE PRINT

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Prefix First Name M.I. Last Name Suffix

\_\_\_\_\_  
Email Address

\_\_\_ Yes, I would like to receive e-mail communications from AICR

\_\_\_\_\_  
Billing Address City

\_\_\_\_\_  
State/Province Zip/Postal Code (Area Code) Phone Number

Credit Card (circle): VISA MasterCard AmEx Discover Diner's Club

\_\_\_\_\_  
Card Number Card Expiration: \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name as it appears on the card Verification Number\*

Amount of Gift: \$10 \$20 \$25 \$50 \$100 Other: \$\_\_\_\_\_

This gift is:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Please notify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* See back of card, the last 3 digits by the signature.