

Champions For Life Climb to Beat Breast Cancer – 2009
Mail-in Donation Form

Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

E-mail address _____

___ *I would like to support the Rocky Mountain Challenge Team by making a gift of:*

___ \$500 ___ \$250 ___ \$ 100 ___ \$ 50 ___ \$ 25
___ Other \$ _____

___ *I would like to support Rocky Mountain Challenge Team member*

(Team member's name)

___ Check enclosed, made payable to St. John Hospital Foundation

___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number _____

Exp. Date _____

___ *Please accept my pledge of \$* _____

___ *Please send me a pledge reminder when the climb is completed.*

Signature _____
(Required for all credit card gifts and pledges)

Date _____
(Required for all credit card gifts and pledges)

Mail form and payment to:

Champions For Life 2009
St. John Hospital Foundation
1471 E. 12 Mile Rd
Madison Heights, MI 48071



**VAN ELSLANDER
CANCER CENTER**