

# Living Well Cancer Resources

Providing compassionate care and hope to people facing cancer



Yes! I want to help those living with cancer. My contribution in the following amount is enclosed:

\$1,000

**Please Print**

\$500

Name: \_\_\_\_\_

\$250

Address: \_\_\_\_\_

\$100

City, State, Zip: \_\_\_\_\_

\$50

Email: \_\_\_\_\_

\$25

Phone: \_\_\_\_\_

Other \$ \_\_\_\_\_

Please make your check payable to "Northwestern Medicine Living Well Cancer Resources" and include "General Donation" in the memo line. Contributions to Living Well are tax deductible to the extent provided by law.

My gift is in honor of: \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_

Please notify the following individual(s)/family of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Please mail your completed form and gift to:**

Northwestern Medicine Living Well Cancer Resources

Attn: Gift Processing

PO Box 734985

Chicago, Illinois 60673-4985

*Thank you for your thoughtful donation to Living Well Cancer Resources,  
dedicated to improving the quality of life for individuals living with cancer.*