

OFFLINE DONATION FORM

GIFT DETAILS

Gift Amount:

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ other \$ _____

☐ General donation to the Anti-Cancer Challenge

☐ This donation is for (participant or team name): _____

DONOR INFORMATION

Donor Name(s): _____

☐ I would like to make an anonymous gift

Phone: _____

Email: _____

Billing Information

☐ Personal Address ☐ Business Address

Billing Address: _____

Mailing Information

☐ Personal Address ☐ Business Address

Mailing Address: _____

☐ I would like to receive communications from the UCI Health Chao Family Comprehensive Cancer Center.

☐ I would like to receive communications from the UCI Anti-Cancer Challenge.

PAYMENT INFORMATION

☐ Cash *The UCI Anti-Cancer Challenge office must receive cash donations with a completed Offline Donation Form in order to provide a tax acknowledgment. It is not recommended to send cash via mail as it may be lost.

☐ Check *Please make checks payable to UCI Anti-Cancer Challenge.

Signature: _____ Date: _____

All donations are tax-deductible to the extent allowed by law. The ID number for gifts to the UC Irvine Foundation is 95-2540117.

UCI Anti-Cancer
Challenge

The UCI Anti-Cancer Challenge is an activity of the University of California, Irvine Foundation, a 501(c)(3) nonprofit, tax ID 95-2540117

UCI Anti-Cancer Challenge | UCI Health Chao Family Comprehensive Cancer Center | University of California, Irvine

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THE CAMPAIGN FOR UCI