American Cancer Society
Offline Donation Form

Participant Information

Event Name: ResearchHERS: Women Fighting Cancer of San Francisco
Participant Name: Hong Wan Tallac Therapeutics
Participant Cons ID: 57087102
Team Name:

Please Indicate Your Donation Amount Below:
☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ Other Amount: __________

Please make your checks payable to: American Cancer Society

Donor Information

Name: ______________________________________________________________________________
Address: ____________________________________________________________________________
City: ____________________________ State/Province: _____________________________
Zip/Postal Code: ____________________________
Country: ___________________________________________________________________________
Phone Number: ______________________________________________________________________
Email Address: _______________________________________________________________________

Thank You So Much For Your Contribution!

Please mail this completed form, along with your check, to your local American Cancer Society Office at the address below. Please be sure to notify the participant that you are making a contribution on their behalf and sending it to the local American Cancer Society office.

American Cancer Society
ATTN: ResearchHERS: Women Fighting Cancer of San Francisco
Presented by
Chevron -JE7VXY
PO Box 111417
Campbell, CA 95011

The American Cancer Society cares about your privacy and protects how we use your information. Your information will help us better serve your needs and the needs of your community, and we do not sell your information to third parties. For questions about our privacy policy, please visit www.cancer.org.