



Yes, I want to help fight Lynch Syndrome!

Please mail this form
and your check to:

CCARE Lynch Syndrome
127-C West Oak Street
Chicago, IL 60610

Enclosed is my check in the amount of \$ _____ payable to CCARE-LS.

My name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Email _____

Optional:

This gift is made: In memory of: _____

In honor of: _____

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

Name(s): _____

Address: _____

City _____ State: _____ Zip: _____

Email: _____

Please send me more information on: Volunteering Planned Giving

If your company has a matching gift program, please include a matching gift form.

Gifts are tax deductible to the full extent provided by law.

Thank you for your generosity!