



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 program, please include a matching gift form.

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

Thank you for your generosity!