



Making A Gift...

The Julie Rogers "Gift of Life" Program allows YOU to choose how you would like your gift directed:

- "I would like my gift to support BOTH the Breast and Prostate Health Programs."
- "I would like my gift to support the Breast Health Program."
- "I would like my gift to support the Prostate Health Program."

Memorials / Honorariums

My membership contribution or special gift is:

In Memory of: _____

Your relationship to deceased: _____

Or

In Honor of: _____

Commemorating: _____

(Indicate birthday, anniversary, speedy recovery, or other special occasion)

Your relationship to honoree: _____

Send Memorial/Honor Card To:

Name _____

Address _____

City State Zip _____

My Information

Preference:

___ Mr. Name _____

___ Mrs. Address _____

___ Ms. City _____

___ Miss State _____ Zip _____

___ Mr. & Mrs. Preferred Phone _____

___ Dr. & Mrs. Fax _____

___ Other Email _____

- Enclosed is my CHECK payable to the "Gift of Life" Program.

Please charge my:

___ Mastercard Name on card _____

___ Visa Amount \$ _____

___ Am. Express Credit Card # _____

___ Discover Expiration Date _____

___ Diner's Club Signature _____

- Enclosed is my employer's MATCHING GIFT FORM.

The Julie Rogers "Gift of Life" Program is a tax-exempt 501(c)(3) organization: #76-0550450



How to get

Involved...

We invite you to join us in the fight against breast and prostate cancer.

Your generous and thoughtful contributions allow us to continue to provide the "gift of life" through educational outreach, free mammograms and prostate cancer screenings, and access to treatment for individuals who are medically underserved.

Any contribution may be given as a Memorial/Honorarium. See information on reverse side of card.

Become A "Gift of Life" Guardian Angel

- ___ \$50,000 Celestial Angel
- ___ \$20,000 Heavenly Angel
- ___ \$10,000 Grand Benefactor
- ___ \$5,000 Underwriter
- ___ \$2,500 Patron
- ___ \$1,000 Sponsor
- ___ Pledge of \$100 a year for ten years*

All Guardian Angels are automatically enrolled as Charter Members.

Annual Membership

- ___ \$100 Charter (provides 2 free mammograms)
- ___ \$50 Patron
- ___ \$35 General

Special Gifts

I do not wish to become a member at this time, but I would like to send a donation so that someone may receive the "gift of life."

- ___ \$10
- ___ \$25
- ___ \$50
- ___ \$100
- ___ Other \$ _____

Cancer "Heroes"

- ___ I wish to be recognized as a breast cancer survivor.
- ___ I wish to be recognized as a prostate cancer survivor.

Volunteer

___ Please send me more information on how I can volunteer my time and talents for the "Gift of Life."

** An individual or company pledging \$100 for 10 years is designated as a Guardian Angel only for the year in which the pledge is made. Thereafter, the \$100 annual payment goes toward the pledge and charter membership.*

(Please turn over)