



**VAN ELSLANDER
CANCER CENTER**

Stamp Out Cancer! Registration/Contribution Form

Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

Email address _____

I would like to support the Stamp Out Cancer walk/run by (select one):

- participating in the walk/run (\$25 registration fee required)

All participants will be given a complimentary t-shirt on the day of the event.

Please select your shirt size Medium Large X-Large

and color Yellow (cancer survivor) Blue (St. John associate) White (other)

- making a one-time gift of
 \$250 \$100 \$50 Other _____
- volunteering on the day of the event

- Check enclosed, made payable to: **Next Level Health & Fitness**

- Visa MasterCard Discover American Express

- Card number _____

CID Code _____ Exp Date _____

(Last three numbers on back of card)

Signature _____ Date _____

(required for all credit card gifts)

Registering by Friday, September 4th 2009 at 4 PM will secure a loved one's name on the "Stamp Out Cancer" t-shirt.

My gift is being made in honor/memory of _____

Thank you for your support!