



THE OFFICIAL SPONSOR OF BIRTHDAYS.™

American Cancer Society Compass of Hope Gala 2011 Tribute Agreement

Company and/or Individual Name (s)
Kindly print name(s) exactly as you wish it to be in the Gala program.

Street Address

City State Zip

Telephone Fax

Email

Contact Name (if different from above)

Check enclosed made payable to:
American Cancer Society
Memo line: Compass of Hope Gala

Charge my credit card:
Visa MasterCard Amex Discover

Credit Card Number: _____

Expiration Date: _____

Printed name of card holder:

Signature:

Send me an invoice for my 2011 donation.

Please complete form and return to:
American Cancer Society Compass of Hope Gala
5 Manley Street
West Bridgewater, MA 02379
Ph: 508-897-4342/ Fx: 508-427-1796
sarah.rosborough@cancer.org
cancer.org/newenglandgalas

Quarter page tribute - \$50.00

Tribute Options

A. In Honor of _____
Survivor's Name

Text: _____

From _____
Your Name or Company Name

B. In Loving Memory of _____
Loved one's Name

Text: _____

From _____
Your Name or Company Name

C. Other

Text: _____

Please submit Tribute by August 10, 2011

Gala Committee Volunteer

Telephone

Email