



Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Yes! I would like to provide housing for a cancer patient in need -

Cost per day to house a cancer patient

1 day = \$50 1 week = \$250

\$1,000

\$500

\$250

\$100

\$75

\$50

Other _____

Please make checks payable to The 20th Century Club or contribute using your credit card - circle card type: VISA MASTERCARD AMEX DISCOVER

Card No: _____ Exp. Date: _____ CVV #: _____

Hope Ball
program listing:

- Honarium / Memorial
 List me in the program as:
 Make my gift anonymous

Thank you for your tax deductible gift!

20th CC Member _____