



Us TOO International
Prostate Cancer Education & Support Network
2720 S. River Road, Suite 112
Des Plaines, IL 60018
(630) 795-1002

Donation Form

Date of Contribution: ____/____/____

Personal Title: Mr. Mrs. Mr. & Mrs. Dr. Other: _____

Company Name (if applicable): _____

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Donation Amount: \$ _____

- Paid by check (Please make check payable to Us TOO International.)
- Paid by credit card: Amex Visa* MasterCard* Discover Diners Club
(* Credit card statement will note transaction from "Hinsdale Bank Charity Master.")

Credit Card Number: _____ Expiration Date: _____

3 or 4 Digit Security #: _____ Signature: _____

Please note if you would like to designate this gift as being:

- In honor of
- In memory of

Name of person who is being recognized in honor or in memory: _____

Occasion for recognition (if applicable): _____

To whom should the gift acknowledgement be sent? (Acknowledgement sent from Us TOO home office will not specify the amount of the gift.)

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

We recognize donors and contribution amounts in our annual report. Check here if you prefer to remain anonymous.

- My employer will match my gift and I will send the appropriate form.
- I am considering leaving a gift to Us TOO in my will. Please send me information.
- I have already arranged for a planned gift to Us TOO from my estate.

Are you affiliated with an Us TOO chapter or support group? Yes No

If yes, please note the name of the chapter or support group: _____

Please print/complete form and mail to:

Us TOO International
Prostate Cancer Education & Support Network
2720 S. River Road, Suite 112
Des Plaines, IL 60018

Thank you!