



5K RUN/ 1 MILE FUN WALK

Sat., Sept. 26, 2009

GreatProstateCancerChallenge.com

Chesapeake
UROLOGY
ASSOCIATES, P.A.



CATHOLIC HEALTH
INITIATIVES

St. Joseph
Medical Center
Where the experts are

2009 Donation Form

1. Donor Information

Contact name _____

Company name *(for business donations)* _____

Address _____

City _____ State _____ Zip _____

Home phone *(mandatory for credit card donations)* _____

Email address *(for receipt purposes only)* _____

2. Donation Level

- \$4,000
- \$3,000
- \$2,000
- \$1,000
- \$500
- \$250
- Other amount \$ _____

**All information will be kept
confidential and will not be sold
or marketed in any way.**

3. Method of Payment

▶ Credit card

Please charge \$ _____ to my:

- Visa MC AMEX Discover

Card number _____

Expiration date _____ 3 or 4-digit SVN
(on back of card)

Name on card _____

Signature _____

Mail this form to address shown below.

▶ Check

Please make checks payable to **ZERO**.
Please state "Great Prostate Cancer
Challenge" on the reference line.

Mail check along with this form to: **ZERO**
– **The Project to End Prostate Cancer, 10 G
Street, Suite 601 NE, Washington, DC 20002**

▶ Cash

Cash donations can be dropped off at any
Chesapeake Urology office in the special
GPCC contribution containers. **Please do not
send cash via mail.**

Donations are tax deductible to the fullest extent allowed by law. Donations are non-refundable. All donations will be charged in U.S. dollars. To comply with IRS regulations, only donations of \$250 or more will receive a letter of acknowledgement for tax purposes. For amounts less than \$250, your cancelled check or credit card statement will serve as your receipt.

I have read and understand the above.

Signature _____

Date _____