



Pledge Form

Arizona Myeloma Network (AzMN)

Our Mission: Education, Awareness, and Advocacy for improved treatment and quality of life for Myeloma patients, their families and caregivers

Donor Information (please print or type)

Name	
Address	
City, State	
ZIP Code	
Telephone (home)	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ for (select below):

- Myeloma Conference Race for Hope Navajo Cancer Conference Golf Tournament
 Jack & Barbara Kavanagh Myeloma Research Scholarship Pat & Bill Hite /AzMN Caregivers Support Program Other

I (we) plan to make this contribution in the form of:

___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Special Note: In Honor of _____ (Name/s)
In Memory of _____ (Name/s)

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Mail or fax checks to:

Arizona Myeloma Network (AzMN)
20280 N. 59th Ave. Suite 115#448
Glendale, AZ 85308
FAX 623-243-6580

THANK YOU FOR SUPPORTING the Arizona Myeloma Network (AzMN).

The Arizona Myeloma Network (AzMN) is a non-profit tax-exempt organization under IRC Section 501(c)(3) and is eligible to receive tax-deductible contributions under IRC Section 170. To claim a charitable deduction, the 1993 Tax Act requires that you have a written acknowledgement from the charity of any gift of \$250 or more.