



**Us TOO International  
Prostate Cancer Education & Support Network**

**Us TOO International**  
5003 Fairview Ave.  
Downers Grove, IL 60515  
Phone: 1-800-808-7866  
Fax 630/795-1602  
www.ustoo.org

# Donation Form

Someone to talk to...  
*who understands*

Contribution Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Personal Title (please circle one)    Mr.    Mrs.    Ms.    Mr. & Mrs.    Dr.

Company Name (if applicable) \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**My Tax Deductible Gift Amount \$** \_\_\_\_\_

**Method of Payment**                     Check or Money Order (made payable to Us TOO International)  
 MasterCard\*     VISA\*     American Express     Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV code (3-digits on back of card, 4 for AMEX) \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Card Holder's Zip \_\_\_\_\_

\* Your credit card statement will reflect "Hinsdale Bank Charity Master"

**Designate Your Gift**                     In Honor Of                     In Memory Of  
**Name (of deceased, cancer survivor,  
or other honoree)** \_\_\_\_\_

**Occasion?** \_\_\_\_\_

**To whom should the gift acknowledgment be sent? (Acknowledgement will not specify the amount of the gift)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

We recognize contributions in our annual report.     Check here if you want to remain anonymous.

**Other**                     My company 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 to assist me in preparing my gift  
 I have already arranged for a planned gift to Us TOO in my estate plans

***THANK YOU FOR YOUR GIFT!*** Us TOO International is recognized by the IRS as a 501-c-3 public charity