

**SHARE's Giving Form**  
*Supporting SHARE Is Giving More Than Hope*

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer/Job Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**SUPPORT SHARE PROGRAMS**

\_\_\_\_\_ I'd like to contribute \$ \_\_\_\_\_ to support SHARE's programs and services.

\_\_\_\_\_ Wherever the need is greatest      \_\_\_\_\_ Metastatic Program      \_\_\_\_\_ Ovarian Program

\_\_\_\_\_ LatinaSHARE Program      \_\_\_\_\_ Hotlines      \_\_\_\_\_ Advocacy

\_\_\_\_\_ Other \_\_\_\_\_

**IN MEMORY/IN HONOR (PLEASE CIRCLE ONE OR THE OTHER)**

We are making this contribution **in honor** or **in memory** of a friend or family member.

Name \_\_\_\_\_

Relationship (optional) \_\_\_\_\_

Send acknowledgement to (name and full address) \_\_\_\_\_

Total amount of donation: \$ \_\_\_\_\_. **Your contribution is tax deductible.**

\_\_\_\_\_ Check enclosed, payable to **SHARE** (in memo line, please indicate category of donation).

\_\_\_\_\_ Please bill my credit card:

\_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ American Express      \_\_\_\_\_ Discover

Account number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please return your completed form to SHARE by fax or mail:**

Fax: (212) 869-3431

Mail: SHARE

Attn: Development Manager  
1501 Broadway, Suite 704A  
New York, New York 10036

**Thanks!**