

## Minorities in Cancer Research Donation Form

I would like to make a donation in the amount of \$ \_\_\_\_\_ in support of Minorities in Cancer Research.

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Are you an AACR member? Yes No

If yes, AACR Membership Number: \_\_\_\_\_

\_\_\_\_\_  
Department

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State/Province Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

**I would like my donation to go towards:**

- MICR General Support
- Minority Scholar in Cancer Research Awards
- Minority-Serving Institution Faculty Scholar in Cancer Research Awards
- AACR-Minorities in Cancer Research Jane Cooke Wright Lectureship

**I would like to pay by:**

Check payable to American Association for Cancer Research       AmEx     Visa     MasterCard

\_\_\_\_\_  
Card # Exp.

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

**Please return this form to:** Minorities in Cancer Research

American Association for Cancer Research  
615 Chestnut Street, 17th Floor  
Philadelphia, PA 19106-4404  
Phone: (215) 440-9300 • Fax: (215) 440-9412 • Email: micr@aacr.org

**Thank you for your generous support of Minorities in Cancer Research!**