Tribute Card Order Form

(Please use a separate form for each card. For orders of 5 cards or more, please call Lauren Hipp at 919-966-5905) Address _____ City, State, Zip Home Phone Office Phone Email address(or fax) I would like to send the following card: ☐ Gift of hope ☐ Holiday Hope ■ Merry Christmas □ Season's Greetings ☐ Old Well Christmas ☐ Old Well Holiday □ Flowers ☐ Happy Birthday □ Seasons Congratulations I would like the inscription on the inside of the card to read as follows (please print clearly!): I would like the card sent to: Name __ Address ____ City, State, Zip _____ I enclose my check for \$_____ (minimum gift: \$25.00) Please make checks payable to UNC Lineberger Comprehensive Cancer Center (or UNC LCCC). Please charge to my ☐ VISA ☐ MasterCard ☐ American Express

> Please return this form to: UNC Lineberger Comprehensive Cancer Center UNC School of Medicine CB #7295 Chapel Hill, NC 27599-7295

Acct.#

Signature :_____

_____Exp. Date_____