



*(Includes donations for MedaFit)*

Date of Contribution: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Personal Title: Mr. Mrs. Mr. & Mrs. Dr. Other: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

Paid by check (Please make check payable to [AnCan Foundation](#))

Paid by credit card: Amex Visa MasterCard Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 or 4 Digit Security: \_\_\_\_\_ Signature: \_\_\_\_\_

Please note if you would like to designate this gift as being:

In honor of (name) \_\_\_\_\_

In memory of (name) \_\_\_\_\_

Occasion for recognition (if applicable): \_\_\_\_\_

To whom should the gift acknowledgment be sent? (Acknowledgment from AnCan Foundation will not specify the amount of the gift.)

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We recognize donors and contribution amounts in our annual report.

Check here if you prefer to remain anonymous.

Please print/complete form and mail to:

**AnCan Foundation**

PO Box 8151  
Tumacacori, Arizona  
85640-8151

*thank you!*