



THE HAROLD LEEVER
REGIONAL CANCER CENTER

Yes! I want to help!

I support **Generations of Hope** with
a donation of \$ _____.



www.leevecancercenter.org/HDR

Giving Levels

- \$100: Sponsor \$1,000: Hope \$10,000: Generations
- \$500: Friend \$5,000: Survivor \$25,000: Legacy

Pledge

I pledge a total of \$ _____ to be paid
over _____ years beginning _____ (month, day, year).

Pledge payments will be made:

- Monthly Quarterly Semi-Annually Annually

Payment

Check enclosed for \$ _____.

Payable to The Harold Leever Regional Cancer Center HDR Fund

Please charge my: MasterCard VISA

Card Number: _____

Expiration Date: _____

Signature (required): _____

Telephone: _____

Date: _____

Gift Recognition

Anonymous

In Honor of: _____

In Memory of: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email address: _____

Gift will be matched by my company:

**Please complete this form and mail it to:
The Harold Leever Regional Cancer Center, Administrative Office
1075 Chase Parkway Waterbury, CT 06708**

All contributions are tax deductible. Thank you for your support!

