ACS CAN Membership

Join ACS CAN Club!

Yes, I want to join ACS CAN in the fight to make cancer a top national priority!

Relay For Life Event Name: _____

Relay For Life Team Name: _____

(MR,MRS,MS,DR) ☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐

LAST NAME/
COMPANY NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SUFFIX (SR, JR, III) ☐☐☐ PROFESSIONAL DEGREE (MD, PhD) ☐☐☐☐☐

HOME ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

STATE ☐☐ ZIP CODE ☐☐☐☐☐-☐☐☐☐

HOME PHONE W/ AREA CODE ☐☐☐-☐☐☐-☐☐☐☐

EMAIL ADDRESS @ .

MOST ACS CAN COMMUNICATION IS SENT VIA EMAIL. IF YOU DO NOT PROVIDE AN EMAIL ADDRESS, YOU MAY NOT RECEIVE THOSE COMMUNICATIONS.

A minimum contribution of $10 is required for membership:

☐$10 ACS CAN Member ☐$20 ACS CAN Member & Premium ☐$100 Capitol Circle

☐ $250 Leader's Circle ☐ $500 Hero's Circle ☐ $1000 Champion's Circle ☐ Other $_____

Please choose a method of payment:

☐CASH

☐CHECK (TO AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC **OR** ACS CAN)

☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

CREDIT CARD _____ EXP. DATE: MONTH ☐☐ YEAR ☐☐☐☐

SIGNATURE: _____

Your gift along with this form can be sent to: ACS CAN • 5555 Frantz Rd • Dublin, OH 43017

Contributions or gifts to ACS CAN, Inc. are not tax deductible.