



Donations:

Please print this form and mail it to the address below.

Donor(s) name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

Enclosed is my gift

- In Honor of _____
 In Memory of _____

Please send an acknowledgement to:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Please make checks payable to: **GRFOCR**

Mail to:

Gilda Radner Familial Ovarian Cancer Registry
Roswell Park Cancer Institute
Elm and Carlton Streets
Buffalo, NY 14263

Any additional questions regarding donations can be directed to:

Cathy Fahey, B.S., Operations Manager
1-800-685-6825, ext. 4503

e-mail: cathy.fahey@roswellpark.org