



QUEEN'S CANCER CENTERS

To demonstrate my/our support for the quality of cancer care I, or a loved one, received at Queen's. Please accept my/our gift to pay tribute to a special caregiver, physician, team and/or care program.

Name: _____

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Amount of gift: \$_____

- Enclosed is my check made payable to: The Queen's Medical Center
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To make a gift by credit card please visit <https://www.queens.org/services/cancer-care/donate/>

Please attribute my/our gift to:

- Cancer Patient Support Programs
 Oncology Research
 Queen's Cancer Care

This gift is in honor, memory, or support of someone:

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 in memory of

(Name)

Donor Acknowledgement

Please indicate below how you wish to be listed in all acknowledgements:

(i.e., Mr. & Mrs. John Doe; Ms. Jane Smith; Mr. John Doe; John and Jane Doe; John Doe Foundation)

- Please do not publish my/our name(s) as a donor

To make your gift, please complete this form and mail to:

Queen's Philanthropy
P.O. Box 3445
Honolulu, HI 96801

Questions? Please contact the Philanthropy team at QueensPhilanthropy@queens.org