

Please mail the bottom of this form with your donation to:

Livestrong Foundation
623 W. 38th St., Suite 300
Austin, TX 78705

Donate Online:
Livestrong.org
Donate Via Phone:
512.236.8820

We have a Mission Question, not a Mission Statement, because we believe that we can only achieve the best solutions through asking the right questions. We ask survivors and caregivers what they need, we ask the system how it can be more person-centered, we ask innovators how we can bring impossible ideas to life.

And every single day we ask ourselves:

Which everyday cancer problem will we fix today?

Everyday cancer problems make life with cancer harder than it has to be but at Livestrong we strive continuously and relentlessly to solve those problems—not in five or ten years—but right now. And for good.

Matching Gifts

Check to see if your company will match your donation to the Livestrong Foundation to increase the impact of your gift. Whether you made your donation online or by mail, please send the completed matching gift form to:

Livestrong Foundation
Attn: Matching Gifts
623 W. 38th St., Suite 300
Austin, TX 78705

Important:

- For mailed donations, please fill this form out completely and legibly to avoid processing delays.
- All donations are **NON-REFUNDABLE** and **NON-TRANSFERABLE**.
- All donations are tax deductible to the extent allowed by law.
- Anyone who includes an email address will receive a receipt via email. Anyone who does not include an email address will receive a receipt via mail.
- We accept check and credit card donations. (Unfortunately, we cannot accept cash donations.) One check per donation form.

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1. Donor Contact Information

FIRST NAME	MI	LAST NAME	COMPANY
MAILING STREET ADDRESS			SUITE/APT. NO.
CITY	STATE	ZIP	COUNTRY
EMAIL ADDRESS	<input type="radio"/> I DO NOT WISH TO RECEIVE ADDITIONAL INFORMATION FROM THE LIVESTRONG FOUNDATION		

2. Donation Information

AMOUNT: \$ _____	<input type="radio"/> CHECK	PLEASE MAKE CHECKS PAYABLE TO THE LIVESTRONG FOUNDATION
	<input type="radio"/> CREDIT (SINGLE PAYMENT)	TYPE: <input type="radio"/> AMEX <input type="radio"/> VISA <input type="radio"/> MC <input type="radio"/> DISC
CREDIT CARD NUMBER	EXP. DATE (MO/YR)	CVV#
SIGNATURE FOR CREDIT CARDS		

3. Tribute Card Information (Optional)

IN HONOR/MEMORY OF NAME	RECIPIENT'S NAME	
MAILING STREET ADDRESS	SUITE/APT. NO.	
CITY	STATE	ZIP
HOW YOUR NAME SHOULD APPEAR ON THE TRIBUTE CARD (IE. MR. SMITH, SMITH & CO., SMITH FAMILY)		