



**REIN IN  
SARCOMA**

Increase awareness. Increase survivors.

## Donation Form - Give to the Max

Rein in Sarcoma (RIS) is dedicated to educating the public and medical community about sarcomas, supporting sarcoma patients and their loved ones, and funding research directed toward developing new treatments and finding a cure for sarcoma cancers.

Please mail completed form along with your payment information or check to:

**Treasurer  
Rein in Sarcoma  
7401 Central Ave NE  
Fridley, MN 55432**

*Make checks payable to: Rein in Sarcoma or RIS*

(Please PRINT all information clearly) Date: \_\_\_\_\_ Amount of Donation \$ \_\_\_\_\_

**This donation is being made by:** ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

☐ Home ☐ Work Address \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please send acknowledgement to:** ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

☐ Home ☐ Work Address \_\_\_\_\_

**Type of donation:** ☐ General

☐ In Tribute ☐ In Memory of: \_\_\_\_\_

☐ Rein in Sarcoma Named Fund (see <https://www.reininsarcoma.org/NamedFund> for listing): \_\_\_\_\_

**Please charge my contribution to my credit/debit card:** ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(As it appears on card) (Required for credit/debit card donations)

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ My Employer will match my donation. Name of Company: \_\_\_\_\_

**Thank You for your support of Rein in Sarcoma.**

Your contribution is tax-deductible to the full extent permitted by law.

A 501-c-3 Tax exempt non-profit organization - tax ID# 200811343