



Cancer Center of
Western Wisconsin

Donation Form (continued)

How did you hear about this opportunity? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> I am a former patient of the Cancer Center of Western Wisconsin | <input type="checkbox"/> Cancer Center of Western Wisconsin website |
| <input type="checkbox"/> I am a family member/friend of a former patient | <input type="checkbox"/> A friend or family member told me about this site |
| <input type="checkbox"/> Ad Campaign | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Other website | <input type="checkbox"/> Other _____ |

Please send this completed form along with payment to:

Cancer Center of Western Wisconsin
501 Hospital Road
New Richmond, WI 54017

On behalf of the many individuals who benefit from programs at the Cancer Center of Western Wisconsin, thank you for your gift.

Thank you again for your support! Much of what we do would simply not be possible without the support of people like you.

