

# DONATION FORM

Please print and complete this donation form and mail it along with your contribution. Make checks, corporate matches, or other gifts payable to:

**Alight Program at Cone Health Cancer Center**  
c/o Office of Institutional Advancement  
1200 N. Elm Street  
Greensboro, NC 27401

## Donor Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I (we) wish to have our donation remain anonymous.

- Please print the name you would like used on the Alight website, publications, or other such materials.  
(ex: Mary & John Smith or Company name)

## Pledge Information

I (we) pledge a total contribution of \$ \_\_\_\_\_ to be paid:

- Now  Monthly  Quarterly  Yearly

A gift will be matched by (company/family/foundation) \_\_\_\_\_

- Form enclosed  Form will be forwarded

## Donation Information

My check is enclosed in the amount of \$ \_\_\_\_\_  
(checks should be made payable to Alight, Inc.)

## Acknowledgement Information

My gift is in memory of \_\_\_\_\_

My gift is in honor of \_\_\_\_\_

Please notify the following individual(s) of this gift:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Thank you for supporting Alight!

Your gift allows our vision that all breast cancer patients will have the support and resources they need to face the challenges of their treatment journey with dignity and grace.

Contributions are tax deductible within the limits of federal and state law.  
Alight is a program offered by Cone Health. Cone Health is a 501(c)(3) non-profit tax ID 58-1588823.