

Benefactors Society

2021 Membership Form



Yes! I/We accept your invitation to join
Cancer Support Community Pasadena's Benefactors Society!

Name(s) of Donor _____

Email _____ Preferred Phone _____

Company (optional) _____

Address _____

City _____ State _____ Zip _____

Your name(s) as you want them to appear in Benefactors Society recognition:

I/We wish to remain anonymous

Membership Levels (select one)

\$20,000 Benefactor \$10,000 Patron

Contribution Payment Plan

I/We would like to make one payment in full.

My check made payable to Cancer Support Community Pasadena

is enclosed for \$ _____

Please charge my credit card:

Credit card # _____ Type _____

Expiration Date _____ Security Code _____

Signature _____

I/We would like to pay with appreciated securities. Please contact me/us with
stock transfer information.

I/We would like to pay in ____ installments (select 1-10)

By check By credit card With appreciated securities

\$ _____ by March 31, 2021

\$ _____ by Sept 30, 2021

\$ _____ by June 30, 2021

\$ _____ by Dec 31, 2021

Signature _____ Date _____

Date _____

Signature (for joint gift)

Please mail your completed membership form to: Cancer Support Community Pasadena, 76 E. Del Mar Blvd., #215,
Pasadena, CA 91105.

**Thank you for your leadership and for proving that community is stronger
than cancer.**