



Supporting Adult Cancer Patients

"There are still angels on Earth. I want to express my appreciation for the check you sent to cover the co-pays for my medication. It has eased my mind as I face my cancer surgery soon." ~ Carolyn D from Essex County who received \$290.00

Donor Information:

Name/Business: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____
Website: _____

Sponsorship Levels:

Date Entered Into:

Table with 4 columns: Sponsorship Level, Amount/Tickets, Check #, CC, and Date Entered Into. Rows include Platinum, Gold, Silver, and Bronze.

Additional Notes:

Description of Auction Donation:

Retail Value (\$): _____

Delivery Information:

Deliver to: Grateful Friends, 12 Bristol Road, Peabody, MA 01960
Pickup Location: _____
Pickup Date: _____
Contact Name: _____

Donor's Signature: _____ Date: _____

Grateful Friends Representative: _____

For any questions or concerns about Grateful Friends, please contact us at: info@gratefulfriends.com or 978-717-5116
Please remit this form to Sheila MacDonald at: sbm1959@aol.com or call at 617-240-1225

Thank you for your tax-deductible gift! Federal Tax ID Number: 47-3976941