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APOS Donation Form

Please complete this form and submit it with your donation to the **American Psychosocial Oncology Society, 154 Hansen Road, Suite 201, Charlottesville, Virginia 22911.**

Make sure to include your check or credit card information. Please make checks payable to the American Psychosocial Oncology Society, a 501(c)(3) organization. Financial contributions to APOS are tax deductible. Contact your tax consultant for additional information or clarification regarding charitable deductions.

Acknowledgement Information

Please use the following name(s) in all acknowledgements of the donation:

___ This gift is in memory of the person(s) named above.

___ This gift is in honor of the person(s) named above.

___ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

APOS will send a letter of sympathy to the bereaved if your gift is in memory of the named person(s). If your gift is in honor of the person(s) named above, APOS will send the honoree(s) notification of your gift. Please provide the appropriate contact information below.

Check here if you do not wish APOS to send any notification.

Honoree/Bereaved Information

Name	
Address	
City, State	
ZIP Code	

Please provide any comments you would like included in APOS' letter to the honoree/bereaved:

Special Comments

Donor and Payment Information on next page.

Page One of Two — Please return BOTH pages.

The APOS Mission: Advancing the science and practice of psychosocial care for people with cancer.



Please provide your contact information so APOS may send you a tax receipt.

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Name	
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Telephone (home)	
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E-Mail Address*	

*APOS will e-mail your gift acknowledgement to this address (unless otherwise instructed).

- Check here if your donation is for the Holland Award Fund.
- Check here if you do not want APOS to contact you via e-mail or fax.

Please indicate your payment option:

- Enclosed is my check payable to the American Psychosocial Oncology Society.

Check number _____ Amount \$ _____

Remittance must be drawn on a U.S. bank or be an international money order in U.S. Dollars. A \$25.00 surcharge may be assessed to cover any collection fees.

- Please charge my gift of \$ _____ to the following credit card.

Credit Card Type (*Circle one*): Visa MasterCard American Express

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Expiration date	
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