



I AM PLEASED TO CONTRIBUTE TO THE CANCER CARING CENTRE



Name _____

Address _____

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I enclose my contribution in the amount of \$ _____

I pledge to contribute \$ _____

Please bill me: Monthly Quarterly Annually

My contribution is in the memory of _____

U.S. Tax
deduction available.
Please contact
The Cancer Society
of The Bahamas
P. O. Box 55-6539
Nassau, Bahamas
Tel: (242) 323-4482
Fax: (242) 323-4475