

# Geno's Cancer Team Pledge Form

Make a Pledge to support  
The V Foundation for Cancer Research

100% of your donation goes directly to cancer research



Join Geno's Cancer Team  
and defeat cancer! The ball is in your court . . .



## Pledge or Donation Amount

I pledge \$\_\_\_\_\_ per three-point shot that my favorite team makes this year.

\_\_\_\_\_  
Name Team

OR

Enclosed is my donation of \$\_\_\_\_\_ to The V Foundation for Cancer Research

## Contact Information

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone and Email: \_\_\_\_\_

## Payment Information

\_\_\_\_\_ Check enclosed made payable to "The V Foundation for Cancer Research"  
\_\_\_\_\_ Bill me in April 2009 at the address listed above.  
\_\_\_\_\_ Please charge my credit card in April 2009: Visa MasterCard AMEX Discover

\_\_\_\_\_  
*card number* *expiration date*

Mail or fax form to:  
Geno's Cancer Team  
c/o Mrs. Merle Kaplan  
2 Colonial Drive South  
Bloomfield, CT 06002  
Fax 860.523.0507

If you have any questions  
please contact us at  
info@genoscancerteam.com