



GATEWAY TO HOPE

A BREAST CANCER LIFELINE

Gateway to Hope - Annual Appeal

Yes, I would like to help uninsured and underinsured individuals diagnosed with breast cancer receive lifesaving medical care and support.

Gateway to Hope Gifts of Life:

- _____ Help: up to \$499 _____ Health: \$2,000 – \$4,999
 _____ Healing: \$500 – \$1,999 _____ Hope: \$5,000 and above
- My company has a matching gift program. Company Name _____
 I would like to include Gateway to Hope in my estate plans.

Method of Payment

- Enclosed is a check made payable to Gateway to Hope \$ _____
 Visa MasterCard Discover
- Name on card: _____
 Card Number: _____
 Exp. Date (required): _____ CVVD code: _____ (last three digits on signature strip of card)

Donor Information

Name (as you want it printed) _____
 Address _____
 City _____ State _____ Zip Code _____
 E-mail _____ Day Phone _____

Contributions to the Gateway to Hope Annual Appeal will be recognized in our newsletter, unless otherwise instructed.
 Donations are tax deductible to the extent allowed by law.

For more information, please call the Gateway to Hope office at 314-569-1113 or visit us online at: www.gthstl.org.

Please MAIL this form to: **Gateway to Hope
 845 North New Ballas Court
 Suite 380
 St. Louis, MO 63141**

On behalf of the many individuals who will receive breast cancer treatment arranged by Gateway to Hope, thank you for your gift.