

# Pacific Shores

Hematology Oncology Foundation

Please fill out the form completely  
and fax to (562) 216-6480

## Donor Information

Name: \_\_\_\_\_

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Donation Amount \$ \_\_\_\_\_

**Executive Circle**  
\$50,000 and above

**Platinum Level**  
\$1,000 - \$4,999

**Philanthropist's**  
\$25,000 - \$49,999

**Circle Gold Level**  
\$500 - \$999

**President's Circle**  
\$10,000 - \$24,999

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\$5,000 - \$9,999

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## Special Information

In Memory or Dedication To:

\_\_\_\_\_  
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Personal Comments:

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## Billing Information

Check #: \_\_\_\_\_

Please mail check to:  
Pacific Shores Hematology Oncology Foundation  
444 West Ocean Ave, Suite 800  
Long Beach, CA 90802

Credit Card #: \_\_\_\_\_  
MasterCard Visa Only

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorization Signature:

\_\_\_\_\_

My signature hereby authorizes Pacific Shores Hematology Oncology Foundation to charge my credit card the amount listed on this form.  
I agree to pay the total amount listed.

For other forms of payment, please contact us at:  
(800) 303-0131