



Yes! I want to help!

I want to join your **CIRCLE OF FRIENDS** to continue giving help and support to BERRIEN COUNTY cancer patients . . . and to make sure your nurses continue making home visits.

By checking the *GENERAL FUND*, your contribution will help balance our current budget. By checking *ENDOWMENT FUND*, your contribution will help ensure that the Cancer Service will be available for as long as needed.

Here is my contribution to **BERRIEN COUNTY CANCER SERVICE, INC.**

_____ \$10 _____ \$25 _____ \$50 _____ \$100 Other \$ _____
_____ GENERAL FUND _____ ENDOWMENT FUND

Name _____

Address _____

City, State, Zip Code _____

(Contributions to our non-profit 501(c)(3) corporation are tax deductible . . . an acknowledgment and receipt for tax purposes will be sent.)

Please mail your contribution to:
Berrien County Cancer Service, Inc.
7301 Red Arrow Highway
Stevensville, MI 49127