

**CONTRIBUTION FORM CANCER FUND
BOARD OF OVERSEERS**

Local Organization/Contributor _____

Or Individual Contributor _____

Date _____

Donation \$ _____

Check # _____ cash _____

_____ In Memory Of _____

_____ In Honor Of _____

Name _____

Address _____

City _____

State/Zip _____

In the name of _____

Acknowledgement to be sent to:

_____ family

_____ honored individual

_____ BPW organization

_____ Individual Contributor

Name _____

Address _____

City _____

State/Zip _____

Complete form and mail to:

BPW Michigan Cancer Fund
243 Harrow Lane
Saginaw, Michigan 48638
989-793-0494

THE CANCER FUND

Established in 1947
by Women for Women



All BPW Michigan Members should take pride in this unique fund as a benefit of their membership!

The Michigan BPW Cancer Board is hopeful that this great tradition of "BPW women helping women in need" will continue as long as a need exists.

Purpose of BPW Cancer Fund

- To provide confidential financial assistance for diagnosis, treatment, hospitalization, nursing care, and other care related needs for Cancer, and all other catastrophic illness or disease not covered by insurance to Michigan BPW members and their immediate household members.
- To award fellowships, scholarships and grants to nurses, physicians and other healthcare providers for education and research in the field of oncology (cancer care.)
- To provide grant funds to healthcare organizations for the purpose of providing and promoting cancer related healthcare services.

MICHIGAN BPW CANCER FUND

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