

Name(s): _____
(Please PRINT your name as you wish it to appear for **recognition purposes.**)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Ext: _____

E-Mail: _____
(Please print)

I accept your invitation to join the LaneRMC *Signature Gifts Club* to support radiation oncology treatment services at Lane and agree to make the following gift, payable over three years:

Total Gift / Pledge Amount: \$50,000 and above \$ _____

Initial Payment Enclosed with this Form: \$ _____

Please send a reminder invoice: _____ monthly _____ quarterly _____ semi-annually _____ annually

Tribute: This gift is given in _____ Honor of _____ Memory of:

(Please PRINT)

Signature

Date