

The Victory Center Donation Form 2009/2010

My tax deductible gift of financial and inspirational support of cancer patients is enclosed.

_____ \$50 offers peace through one hour of massage therapy

_____ \$100 provides compassion through two healing touch sessions

_____ \$500 enables connection through educational opportunities

_____ \$1,000 affords inner strength through a comprehensive yoga program

_____ \$_____ supports everyday victories for cancer patients and families

_____ I have enclosed a check (payable to The Victory Center)

_____ Please charge my credit card (below) (Master Card/Visa/Amex/Discover)

Name (please print) _____

Address _____ City/State/Zip _____

Credit Card Number _____ Exp. _____

Telephone () _____ () _____

Email Address _____

THANK YOU FOR YOUR GENEROSITY!



THE VICTORY CENTER

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