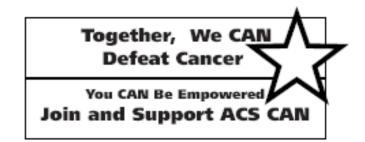


SIGNATURE:\_



YES, I want to join ACS CAN to make the fight against cancer a top priority!  Please print neatly	
TITLE FIRST NAME	MI MI
LAST NAME/COMPANY	
SUFFIX (SR, JR, III)	PROFESSIONAL DEGREE (MD, PhD)
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STATE ZIP CODE	
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Most ACS CAN communication is	is sent via email; please provide a complete, valid email address in order to receive those messages.
☐ \$10 Member ☐ \$500 Hero's Circle	\$25 Star's Circle \$75 Patron's Circle \$250 Leader's Circle \$1,000 Champion's Circle Other \$
PLEASE CHOOSE A METHOD OF PAYMENT:  CASH CHECK (to ACS CAN or American Cancer Society Cancer Action Network) CREDIT CARD	
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Your gift along with this form can be sent to: ACS CAN • P.O. Box 720295 • Oklahoma City, OK 73172

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## Would you like more information about us?

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