



MAKE A DONATION

We appreciate your interest in supporting the work of the Michigan Cancer Pain Initiative and the goal of effectively treating and relieving pain for people all over the state of Michigan.

Please print and complete this form and mail it along with your donation payable to Michigan Cancer Pain Initiative.

Your Name: _____

Donation Amount: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Check and complete as appropriate:

I am making a gift in honor of _____

Please send notice of this gift to:
(please include name & mailing address)

OR

I am making a gift in memory of _____

Please send notice of this memorial to:
(please include name & mailing address)

Mail completed copy along with donation to:

Michigan Cancer Pain Initiative
B-101 Clinical Center
Michigan State University
East Lansing, MI 48824

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