



To demonstrate my/our support for the quality of care I, or a loved one, received at Queen's Cancer Center. Please accept my/our gift to pay tribute to a special caregiver, physician, team and/or care program.

Name: \_\_\_\_\_

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Amount of gift: \$\_\_\_\_\_

- Enclosed is my check made payable to: The Queen's Medical Center
- Enclosed is my cash gift

To make a gift by credit card please visit [www.queens.org/give/ways-to-give/donate](http://www.queens.org/give/ways-to-give/donate)

1. Select "The Queen's Medical Center" as your gift designation option
2. **Add in the Comment Box** the area you would like to attribute the gift (see below)

**Please attribute my/our gift to:**

- The Queen's Cancer Center – Area of Greatest Need
- Cancer Support Program
- Healing Through Art

**This gift is in honor, memory, or support of someone:**

- in honor of
- in memory of

\_\_\_\_\_  
(Name)

**Donor Acknowledgement**

Please indicate below how you wish to be listed in all acknowledgements:

\_\_\_\_\_  
(i.e., Mr. & Mrs. John Doe; Ms. Jane Smith; Mr. John Doe; John and Jane Doe; John Doe Foundation)

- Please do not publish my/our name(s) as a donor

To make your gift, please complete this form and mail to:

Queen's Philanthropy  
P.O. Box 3445  
Honolulu, HI 96801

Questions? Please contact the Philanthropy team at [QueensPhilanthropy@queens.org](mailto:QueensPhilanthropy@queens.org)