

Please support me as I participate in the 2024 Prouty!

The	Participant Name:				
Prouty					
☐ Yes! I will m	ake a con	ribution to h	elp the Fr	iends of Darl	tmouth Cancer Center.
□ \$1000	□ \$500	□ \$100	□ \$50	□ \$25	☐ Other Amount: \$
Name				Address	
City			;	State/Provinc	ce
Zip/Postal Cod Email			-		hone Number
My contribution	n is:	n Honor of		In Memory o	of □ In Support of
					ear on the particinant's honor s

Tyes, I would like my name and donation amount to appear on the participant's honor scroll.

Thank you so much for your contribution!

Please make your checks payable to: DH-H/Prouty. Include the name of the participant in the memo line.

Mail this form and your check to:

Medical & Healthcare Advancement Attn: Gift Recording One Medical Center Drive Lebanon, NH 03756

Additional Information

Thank you for supporting cancer research and patient supportive services at Dartmouth Cancer Center. All monies raised through The Prouty stay locally to fund world-class cancer research, state-of-the-art equipment, and innovative clinical trials that affect cancer patient treatments all over the world. Donations also support critical patient and family support services to ease the cancer journey of patients and their families. Your gift is tax deductible to the extent allowed by law. No goods or services have been provided in consideration for this amount. You will receive a letter which serves as a receipt for your tax records. Fundraising activities of the Friends of Dartmouth Cancer Center (FDCC) are conducted by Dartmouth-Hitchcock Health, a 501(c)(3) recognized charity by the IRS (EIN# 26-4812335), for the benefit of Dartmouth Cancer Center.

Appeal: 24.DH Prouty Fund: 2-24954