

Please support me as I participate in the 2025 Prouty!

| The Prouty | Partio | ipant Nam | e: | | | |
|------------------|----------------------|----------------|--------------------------|--------------|---------------------------------------|--|
| - | Team | Name: | | | | |
| ☐ Yes! I will m | ake a con | tribution to h | elp the Frie | ends of Dart | mouth Cancer Center. | |
| □ \$1000 | 1000 🗆 \$500 🗆 \$100 | | □ \$50 □ \$25 □ Oth | | ☐ Other Amount: \$ | |
| Name | | | <i>F</i> | Address | | |
| City | | | State/Province | | | |
| Zip/Postal CodeC | | | untry Donor Phone Number | | | |
| Email | | | | | | |
| My contribution | n is: | In Honor of | | n Memory o | of □ In Support of | |
| Name | | | | | | |
| | | | | | ear on the participant's honor scroll | |

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

Thank you so much for your contribution!

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: 25.DH Prouty Fund: 2-24954