



**Please check one:**

I am an:

- Aflac Employee
- Friend of Aflac
- Aflac Associate - Market Operation: \_\_\_\_\_

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**My gift is a:**

- Memorial Gift to the Aflac Cancer Center -- in memory of \_\_\_\_\_
- Honorarium to the Aflac Cancer Center -- in honor of \_\_\_\_\_
- Other: \_\_\_\_\_

**Please provide the following information:**

Donor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

**Payment Options (please check one)**

- Online Payment- [Fight Cancer- Aflac Field Force - Charitable Giving Campaign Donations -- Children's Healthcare of Atlanta \(choa.org\)](#)
- Please make a one time deduction out of my writing number.
  - Aflac Writing Number: \_\_\_\_\_
- I have included a check along with this form (Please make all checks payable to the Aflac Cancer Center)

**Please fill out the information below so that we can notify your recipient of your gift.**

Name(s) to notify: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Message: \_\_\_\_\_

If you elect to make a gift in honor of or in memory of an individual(s), the amount will not be disclosed to the party to be notified. Your gift will be acknowledged in accordance with your instructions. This is a meaningful and lasting way to remember an anniversary, birthday, and graduation, recovery from an illness, bereavement or other occasion. A minimum gift of \$25 per tribute name is requested.

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Aflac Cancer and Blood Disorders Center  
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Atlanta, GA 30329

Your contribution is tax deductible as provided by law.