

MHO Research Foundation, Inc.

Please mail this form with check or money order to:

**Manhattan Hematology Oncology Associates
C/O Donation Processing
157 East 32nd Street
New York, New York 10016**

Date: ___/___/___

Enclosed is my donation in the amount of \$ _____

Payable to: MHO Research Foundation, Inc.

Name: _____ **Last Name:** _____

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(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

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