



Make Chemo Safe

Chemotherapy Research Institute Allocation Application Form

Extend the lives of late stage cancer patients by eliminating the severe and deadly side effects of Chemotherapy

Please complete all of the required information

First Name:		Middle Initial:		Last Name:	
-------------	--	-----------------	--	------------	--

Allocation:	Select Unit:	<input type="text" value="\$5,000"/>	<input type="text" value="\$20,000"/>	<input type="text" value="\$100,000"/>	No. of Units Requested:	<input type="text"/>
-------------	--------------	--------------------------------------	---------------------------------------	--	-------------------------	----------------------

Street Address:	
City:	
State:	
Zip:	

Home Phone Number:	
E-mail Address:	
Cell Phone:	

Name to be used for the Bond ownership:	
Signature:	Date:

E-MAIL THE COMPLETED APPLICATION TO: Donations@MakeChemoSafe.com

NOTICE

This site shall not constitute an offer to sell or the solicitation of an offer to buy any security. Any such Reg 506c offer can only be made through an offering document and subscription agreement, and cannot be made in any jurisdiction in which such offer, solicitation or sale is not authorized or to any person to whom it is unlawful to make such offer, solicitation or sale. No person has been authorized to make any representations or provide any information about any interests which are inconsistent with this notice. No offering literature, except as provided by the managers, or advertising, has been authorized.