



# Mail-In Donation Form

Thank you for your generous gift to Seattle Cancer Care Alliance. Please print this form, complete the information, and mail it with your donation to:

SCCA  
P.O. Box 19023  
Seattle WA 98109-1023

## Donor Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## Enclosed is my gift of:

\$500       \$250       \$100       \$50       Other: \_\_\_\_\_

### Please use my gift for:

- SCCA areas of greatest need
- Patient and family assistance
- SCCA House (patient housing)
- Specific clinic, research area, or program: \_\_\_\_\_
- Fund designated by family (for memorial or honor gifts)

## This gift is:

In memory of       In honor of

(Name) \_\_\_\_\_

Please notify the family of my gift:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Payment information

I have enclosed a check made payable to Seattle Cancer Care Alliance.

Please charge my credit card (circle one):      Visa      Master Card.

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail your completed form and donation to:

Seattle Cancer Care Alliance  
P.O. Box 19023  
Seattle WA 98109-1023

*Your gift is tax deductible as specified in IRS regulations. Pursuant to RCW 19.09, Seattle Cancer Care Alliance is registered as a charitable organization with the Secretary of State, State of Washington. For more information, call the Office of the Secretary of State: 1 (800) 332-GIVE.*

# Thank you for your generous support!