

Mail-in donation form

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

Seattle Cancer Care Alliance
PO Box 24385
Seattle, WA 98124-0385



Donor information

Name		
Address		
City	State	Zip
Phone		
Email address		

Enclosed is my gift of

\$500 \$250 \$100 \$50

Please use my gift for

- | | | |
|--|---|---|
| <input type="checkbox"/> SCCA areas of greatest need | <input type="checkbox"/> SCCA House | <input type="checkbox"/> Fund designated by family (honor/memorial gifts) |
| <input type="checkbox"/> SCCA Supportive Care Services | <input type="checkbox"/> Pete Gross House | <input type="checkbox"/> Rosemary Ford Scholarship Fund |
| | <input type="checkbox"/> Nursing research | |

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 (choose one) Visa MasterCard Discover AmEx

Account number	
Expiration date	CCV
Name as it appears on card	
Signature	

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!