

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:

Donations
SCCA
MS: LG-312
P.O. Box 19023
Seattle WA, 98109-1023



Donor information

Name		
Address		
City	State	Zip
Phone		
Email address		

Enclosed is my gift of

\$500 \$250 \$100 \$50 other: _____

Please use my gift for

- SCCA areas of greatest need Family assistance fund
 SCCA House Supportive care program
 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 (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!