

# National Ovarian Cancer Coalition DONATION FORM

## Donation Information\*

- \$200     \$100     \$50     \$35     \$10     Other \$ \_\_\_\_\_  
 This is a tribute donation

## Tribute Information (Please complete this section if you checked the box marked "This is a tribute donation")

My Tribute is  In Memory of     In Lieu of Flowers     In Honor of \_\_\_\_\_  
Honoree's Name

Send Announcement to: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Message \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
(Leave blank if anonymous.)

Announcement Type:  Email a card     Mail a card     No card or email required

(Please complete if you selected "Email a Card")

Addressee Email Address \_\_\_\_\_  
\_\_\_\_\_

(Please complete if you selected "Mail a card")

Addressee Address \_\_\_\_\_  
Addressee City \_\_\_\_\_ Addressee State \_\_\_\_\_  
Addressee Zip Code \_\_\_\_\_

## Your Information    My donation is on behalf of a: Person    Organization

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Organization \_\_\_\_\_

Address 1\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_

Country\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

Phone Number \_\_\_\_\_

Please update me on how my gift helps fight against ovarian cancer.

Make donation anonymous.

### Relationship to Ovarian Cancer

- Ovarian Cancer Survivor     Gynecological Cancer Survivor     Healthcare Community  
 Loved One     Caregiver     Other \_\_\_\_\_

Please complete the form and send with your check, payable to NOCC:  
National Ovarian Cancer Coalition  
12221 Merit Drive, Suite 1950  
Dallas, Texas 75251

