



## Donation Form

### Contact Information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Information:

Donation Amount: \_\_\_\_\_

I've enclosed a check payable to the Ovarian Cancer National Alliance

Please charge my gift to the following credit card:

Mastercard  VISA  AMEX

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

In  Honor or  Memory of: \_\_\_\_\_

Please inform the following person(s) of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Please send donations and the above form to:

The Ovarian Cancer National Alliance  
910 17<sup>th</sup> St., N.W., Suite 1190  
Washington, D.C. 20006

Donations can also be made online at: [www.ovariancancer.org](http://www.ovariancancer.org) or call 202-331-1332

The Ovarian Cancer National Alliance is 501(c)(3) non-profit organization. Your contribution is tax-deductable to the fullest extent of the law.