

## DONATION FORM

Please mail this form and your gift to:

**Children's Cancer Association**  
433 NW 4th Avenue, Suite 100  
Portland, OR 97209

- \$5,000 Can sponsor a Music RX Music cart for a year
- \$2,500 Can sponsor a Chemo Pal Match for an entire year
- \$1,000 Can sponsor a family to attend our Caring Cabin for a week
- \$500 Can provide family support such as flying Grandma to Portland to a child's bedside
- \$250 Can help purchase music equipment like an electric guitar
- \$100 I would like to support the programs of the Children's Cancer Association
- \$50 General support of all programs
- Other \$ \_\_\_\_\_
- I would like to make a recurring monthly gift of: \_\_\_\_\_
- My company has a matching gift program*

**Payment Method:**

- Enclosed is my check payable to Children's Cancer Association
- Please charge my credit card:

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

**My Information:**

Title: (Mr., Mrs., Dr., etc.) \_\_\_\_\_

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

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

**Tribute Gifts**

I wish to make my gift  in honor of  in memory of:

Name \_\_\_\_\_ Occasion \_\_\_\_\_

**Please send a notification card to:**

Title: (Mr., Mrs., Dr., etc.) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Please sign the card from: \_\_\_\_\_

- I have included Children's Cancer Association in my estate plans.
- I would consider doing so, please send me information.

**Thank you!**