



# Donation Form

**Mailing Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Billing Address:**

Please check if same as mailing address  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment Information:**

Name on Card: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ Amex \_\_\_\_  
3 digit code on back of card: \_\_\_\_\_

Enclosed is my tax-deductible gift to the Minnesota Ovarian Cancer Alliance, Inc. (MOCA) in the amount of \$\_\_\_\_\_.

In honor/memory of: \_\_\_\_\_

Please send an acknowledgment to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

*The Minnesota Ovarian Cancer Alliance is a non-profit 501 (c)3 organization. Your gift is tax deductible to the fullest extent of the law.*

Please add my email to MOCA's e-news list (please circle) Yes No

I would like to receive the free newsletter, MOCA Messenger (please circle) Yes No

*Please tell us to whom/where you'd like your newsletter mailed:*

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to: Minnesota Ovarian Cancer Alliance, Inc.  
Mail check and this form to: Minnesota Ovarian Cancer Alliance  
4604 Chicago Avenue South

**MOCA's Mission:**

*To raise awareness of ovarian cancer, support women and their families and fund ovarian cancer research.*