



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: _____ Visa _____ MasterCard _____ Discover _____ Amex _____
 Card #: _____ Exp: _____ 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 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

Special gift to support MOCA

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
 Minneapolis, MN 55407

MOCA's Mission:

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