



Donation Form

Please mail this form and your gift to:

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

- \$5000 Become a Music RX Music cart sponsor for a year
- \$2500 Sponsor a Chemo Pal Match for an entire year
- \$1000 Sponsor a family to attend our Caring Cabin for a week
- \$500 Provides family support, for example, fly Grandma to Portland to a child's bedside
- \$250 Help purchase equipment, for example an electric guitar
- \$100 I would like to support the programs of Children's Cancer Association
- \$50 General support of all programs
- Other \$_____

Payment Method:

- Enclosed is my check payable to Children's Cancer Association
- Please charge my credit card account using the information provided below

Check card type: __Visa __MC __Am Ex __Disc

Card # _____ - _____ - _____ - _____ Exp date (mm/yy)_____/_____

3-digit security code (located on right side of signing strip on back of card) _____

My Information:

Title: (Mr., Mrs., Dr., etc.) _____

Name (Donor): _____

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!