



## MAIL-IN DONATION FORM

Thank you for your donation.  
Mail donation and this form to:  
Ovarian Cancer Institute  
1266 W. Paces Ferry Road, Suite 339  
Atlanta, GA 30327

Donations can also be made online at [www.ovariancancerinstitute.org](http://www.ovariancancerinstitute.org)  
The Ovarian Cancer Institute is a 501 (c)(3) organization, Tax ID 58-2445245

### Donor Contact Information:

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

Organization (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Please send my donation acknowledgement/receipt via:  Mail  Email

### Donation Information:

Donation amount: \_\_\_\_\_

I have enclosed a check written to the Ovarian Cancer Institute

Please charge my (circle one)  American Express  Mastercard  Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### My donation is made:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

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

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

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

\_\_\_\_\_