

Enclosed is my contribution of _____

First Time Donor _____ Previous Contributor _____

Name of Person Honored _____

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Holiday | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Memorial | <input type="checkbox"/> Other Occasion |
| <input type="checkbox"/> Get Well | <input type="checkbox"/> Thank You | <input type="checkbox"/> _____ |

Please send an acknowledgement to _____

Street _____

City _____ State _____ Zip _____

Name of Contributor _____

Street _____

City _____ State _____ Zip _____

Please make checks payable to:

Cancer Care of NCW, Inc., 1708 Castlerock Ave., Wenatchee, WA 98801

Your contribution is tax deductible