

Please print, complete this form and mail it along with your donation to:

Southwest Georgia Cancer Coalition

PO Box 1962, Albany, GA 31702

To send a gift card, please complete this form and mail to the above address.

RECIPIENT INFORMATION

In Honor Of – _____

Or

In Memory Of – _____

If you are making a **Memorial**, please include the name and address of the person you would like to receive an acknowledgement of your donation.

If you are making an **Honorarium**, please include the address of the individual you are honoring and that person will be notified.

Recipient Name: _____

Address: _____

City: _____

State: _____ Zip: _____

DONOR INFORMATION

Your Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-Mail Address: _____

Phone Number : _____

Enclosed is my check for \$ _____

Please make checks payable to **Southwest Georgia Cancer Coalition**.

For more information, call 229-312-1700.