

Halifax County Cancer Association Donation Form

My/our gift is: _____

Please Select One Below:

In Memory of In Honor of

Please select occasion below:

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

Donor:

Please Notify:

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Please mail this completed form and your donation to:

HCCA
PO Box 1891
Halifax, VA 24558

The Halifax County Cancer Association appreciates your decision to support our organization.