

OCAGC Donation Form

Enclosed is my tax-deductible g	gift of \$
Name	
Address	
City/State/Zip	
Email	
Please use the following name(s) in all acknowledgements:	
	OR, I wish to have our gift remain anonymous
I would like my donation applie	ed toward:
	Seneral Donation
П	eal Power 5K
	eans & Jewels Gala
	Other
In Honor/ Memory of (please print)	

Please make all checks, corporate matches or gifts payable to:

Ovarian Cancer Alliance of Greater Cincinnati PO Box 42277 Cincinnati, Ohio 45242