

## WCA Foundation Donor Form

### DONOR INFORMATION

Mr.  Mrs.  Dr.  Ms.  Miss  Mr. and Mrs.  Other \_\_\_\_\_

First Name(s) \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### GIFT AND METHOD OF PAYMENT

\$25  \$50  \$100  \$250  \$500  \$1,000  Other \_\_\_\_\_

My **check** is enclosed and made payable to the **WCA Foundation**

Please **charge my credit card**:  Visa  MasterCard  Discover

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

Exp Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Online donations** can be made by visiting our secure website at [wcafoundationjamestown.org/donate](http://wcafoundationjamestown.org/donate)

### HONOR/MEMORIAL GIFT

My gift is in honor of: \_\_\_\_\_ Occasion \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_

Please send notification to: (no amount of your gift will be mentioned)

First Name(s) \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### DESIGNATION AND INFORMATION

I would like my donation to support:  Greatest Need / Unrestricted  Memorial/Honorary

Cancer Care  Grateful Patient  Scholarships  General Education  Other

**(Donations without specific designation will benefit the Greatest Need.)**

All gifts are tax deductible for income tax purposes as allowed by law. Thank you for your generous support!

A copy of the official registration and financial information of WCA Foundation may be obtained from the NYS Attorney General, Charities Bureau, 120 Broadway, New York, NY 10271. Registration does not imply endorsement.

Please contact me about donation **securities**  My company or my spouse's company will **match my gift**  I wish to remain **anonymous**

**PLEASE COMPLETE AND SEND TO: WCA Foundation – 51 Glasgow Ave Building F, P.O. Box 840 Jamestown, NY 14701**