



## Canine Cancer Alliance Donation Form (Check Donations)

Thank you for supporting Canine Cancer Alliance. Please complete the form below and include it with your check donation.

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### Donor Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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### Donation Details

Amount Enclosed: \$ \_\_\_\_\_

This gift is:

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Would you like us to notify someone about this gift?

Yes

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Fund Allocation

Please direct my donation to:

EGFR/HER2 Vaccine Research Fund

Hemangiosarcoma Research Fund

General

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Please make checks payable to: **Canine Cancer Alliance**

Mail to:

Canine Cancer Alliance

PO Box 385, Bellevue, WA 98009, USA

For questions, please contact us at [info@ccralliance.org](mailto:info@ccralliance.org) or (425) 466-4453.

Thank you for your support!