



Contribution Form

Yes! I would like to support the River Valley Ovarian Cancer Alliance (RVOCA).

Contribution Amount:

\$25.00 \$50.00 \$100.00 \$250.00 \$500.00 \$1,00.00 Other _____

Payment Type:

Check Cash Visa Mastercard Discover American Express

Name on Card: _____

Exp Date: _____

Credit Card #: _____

Billing Zip Code: _____

Signature: _____

Please make all checks payable to:
River Valley Ovarian Cancer Alliance

Name: _____

Mail Contributions to:
River Valley Ovarian Cancer Alliance
PO Box 11133
Fort Smith, AR 72917

Street Address: _____

City, State, Zip: _____

We appreciate your “teal-rific” one time support. Monies raised from your donation will finance awareness and education efforts by RVOCA locally. RVOCA is a tax-exempt organization under IRS Section 501(c)(3) and your contribution is tax deductible to the full extent allowed by the law. RVOCA provided no goods or services in return for this contribution. A tax receipt will be mailed to the address specified above.

Tax ID #47-3234888

River Valley Ovarian Cancer Alliance (RVOCA) | PO Box 11133, Fort Smith, AR 72917 | www.RiverValleyOCA.com