



## **OCCA Memorial Gift Form**

Memorials for the

**Ontonagon County Cancer Association**

Please enclose the following with your memorial

**Enclosed is my/our gift in the amount of \$ \_\_\_\_\_ for the OCCA**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

*In Memory Of:* \_\_\_\_\_

*Send acknowledgement to:*

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

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

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

Please check for electronic receipt. \_\_\_\_\_

(email address)

Please check if receipt is not needed.

Please make your check payable and return to:

**Ontonagon County Cancer Association  
PO Box 282  
Ontonagon, MI 49953**