ALLEGANY COUNTY CANCER SERVICES, INC. DONATION FORM



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Email(Optional)		
Enclosed is my donation o		\$
		(A receipt will be sent for your donation)
 In memo General I Business Event Do 	Donation Donation	
P. O. Box 534 Wellsville, Ne If it is a mem	nty Cance w York 14 orial dona contact na n.	er Services, Inc. (ACCS, Inc.) 4895 ation and you would like family/friend notified; ame and address below and we also notify them of
Please keep m	y donatio	n confidential

We thank you for your donation and support of ACCS, Inc.