

Sonoma County Medical Association Alliance and Foundation

...building healthy communities

Donation Form

DONOR NAME:			DONATION AMOUNT		
			\$		
DAY /WORK PHONE:	CELL PHONE:	E-MAIL ADDRESS:	V		
ADDRESS:		CITY	ST	ZIP	
PROGRAM DESIGNATION: Please let us know where to direct your gift. Sonoma County Medical Association Alliance (payable to SCMAA, not tax deductible)					
 Health Careers Scholarship (payable to SCMAAF, Tax ID# 02-0542304) This scholarship assists high school, college, nursing school and medical school students who are pursuing health or health-related careers. Sonoma County Medical Association Alliance Foundation: (payable to SCMAAF, Tax ID# 02-0542304) 					
 Breast Cancer Awareness Program In an effort to promote breast cancer awareness, this program provides information to Alliance members concerning the early detection of breast cancer. Foster Children's Give-a-Gift Program This long-standing Alliance program has provided hundreds of children in our county's foster care system with holiday gifts including bicycles, helmets and locks. Most recently, computers are being purchased for college-bound emancipated youths. Safe Schools Program This program allows for research-based materials to be purchased, training to be conducted, and teacher/counselor release time to be reimbursed to promote anti-violence and anti-bullying in our schools. Teddy Bear Project In an effort to decrease the anxiety of undergoing a surgical procedure and assist in the child's recovery, stuffed teddy bears are distributed to children in the hospital setting. 					
PAYMENT INFORMATION: I would like this gift to be anonymous. Please do not publicly list my name on a donor list. Check Please make check payable to SCMAA for Alliance donations or SCMAAF for Scholarship or Foundation Program donations. Credit Card					
NAME ON CARD		Please circle type of card.	pe of card. MASTERCARD VISA		
CREDIT CARD NUMBER		CARD SECURITY CODE	EXPIRATION D	ATE	
SIGNATURE OF DONOR		DATE	1		
DI FACE CEND THIS COMPLETED I	FORM WITH YOUR CHECK OR CREE	NT CARD DAYMENT INC	ODMATION TO		

Sonoma County Medical Association Alliance and Foundation

Post Office Box 1388, Santa Rosa, CA 95402

Phone: (707) 537-1031 E-mail: alliance@scmaa.org Website: scmaa.org