

**WV Breast and Cervical Cancer Program  
Diagnostic and Treatment Fund Contributions  
Monetary Donation Report**

County: \_\_\_\_\_

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

Name of Person mailing checks: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Number of Checks: (Please do not send cash) \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Event: \_\_\_\_\_

Location: \_\_\_\_\_

*Please include as much information as possible about the donation monies sent. This will assist the program in making accurate account credit for your group or organization.*

**Please make all checks Payable to:** The Greater Kanawha Valley Foundation

**Mail all checks and this form to:**

WV Breast and Cervical Screening Program

ATTN: Program Director

350 Capitol Street, Rm. 427

Charleston, WV 25301

Please contact 304-414-0607 for questions.