

SCCA Pledge Form

Sierra County Cancer Assistance, Inc.
 HC32 Box 8174, T or C, NM 87901

Participants Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ email _____

I am a Cancer Survivor _____ I am a Caregiver _____

I would like to be a driver for SCCA to Las Cruces _____ Albuquerque _____
 Silver City _____ **I am interested in volunteering, however cannot drive** _____

Name of Sponsor	Phone Number	Check or Cash	\$ Amt. Collected
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