

**Sickle Cell Association of the National Capital Area, Inc.
SCANCA, INC.**

**Membership, Donation and Volunteer Form
Complete and send form to:
SCANCA, INC.
P.O. Box 41479
Washington, D.C. 20018-0879**

*Required Fields

\$25 \$50 \$100 \$250 Other \$ _____

Yes, I would like to be a member of SCANCA, INC. (Dues of \$25.00 per year)

Yes, I would like to volunteer for:

Support Group Meetings

Health Fairs

Website

Newsletter and/or Donation and Membership Campaign

S.O.S. Walk (**STOMP OUT SICKLE**) WALK on September 19, 2009

***NAME:**

*** E-MAIL:**

***ADDRESS:**

***CITY:**

***STATE:**

***ZIP CODE:**

PHONE NUMBER:

Print Form

