



SC Crime Victims' Council

DONATION INFORMATION

IN MEMORY OF:

Name _____

Occupation: _____

Victim: Yes ___ No: ___ Nature of Crime _____

Date of Crime _____

Comments:

Donor Information:

Address : _____

City: _____ State _____ Zip: _____

Telephone _____ Fax: _____ EMAIL _____

Web Site: _____

Amount: _____

Paid by _____ Check _____ Credit Card _____ Cash _____

Information May be Published:

Specific Use of Donation:

Signature of Donor _____ Date: _____

SEND COMPLETED FORM AND DONATION TO

Mail SC Crime Victims' Council
1900 Broad River Road / Columbia, SC 29210
Fax 803 772-2771
Email laurahudson@sccvc.org