

# SOUTHERN CALIFORNIA CANCER PAIN INITIATIVE



**Become a Member  
or  
Make a Donation**

Your support is needed!

SCCPI is a non-profit volunteer interdisciplinary organization of over 3,000 professionals. SCCPI was founded in 1993 and is a major force in California as well as nationally in advocating for better pain relief for cancer patients. This effort takes considerable financial resources and SCCPI relies on the support of individual and corporate contributions. SCCPI also provides:

#### Mission Statement:

To promote optimum pain relief for all people with cancer.

- ♥ The SCCPI newsletter, which is published and mailed three times a year. It includes articles related to pain, pain education conferences and special events, and regulatory and legislative updates
- ♥ The SCCPI Awards Gala which honors individuals and groups who have contributed substantially to cancer pain relief
- ♥ The Equianalgesic Pocket Card
- ♥ The SCCPI website at <http://sccpi.coh.org>

SCCPI is a non-profit organization and all contributions are tax deductible.

### Yes! I want to join SCCPI and help support this important endeavor.

- SCCPI Member:** Membership is free and includes a subscription to the newsletter and notification of SCCPI sponsored educational activities.
- Individual Sponsorship:** \$25 or more donation A subscription to the newsletter, notification of educational activities and a certificate noting SCCPI membership.
- Corporate and Institution Sponsorship:** \$500—\$1000 donation A subscription to the newsletter, Corporate or Institution name will be listed in 3 SCCPI newsletter editions under “Corporate Sponsors” and also on the SCCPI website and a certificate noting SCCPI corporate membership.
- Donation:** Donations and “In Memory Of” will be noted in the newsletter and also on the website.

**SCCPI thanks you for your generous support!**

**Southern California Cancer Pain Initiative**

c/o City of Hope  
1500 E. Duarte Road  
Duarte, CA 91010  
626 256-HOPE x63840  
<http://sccpi.coh.org>

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_