



*The* MANHASSET WOMEN'S COALITION *Against* BREAST CANCER

## DONATION FORM

PLEASE PRINT THIS FORM AND RETURN BY MAIL WITH YOUR CHECK PAYABLE TO:

MWCABC  
P.O. Box 1007  
Manhasset, NY 11030

### I WANT TO DONATE TO HELP FIGHT BREAST CANCER

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

\$500 \_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 \_\_\_\_\_ Other \$ \_\_\_\_\_

My donation should be used for:

Outreach \_\_\_\_\_ Research \_\_\_\_\_ Undesignated \_\_\_\_\_

My donation is being made:

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Please Notify the Following Person of this Donation.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

This donation was made for charitable purposes and no goods or services were provided in consideration thereof. The Manhasset Women's Coalition Against Breast Cancer is a 501(c)(3) tax-exempt organization.