



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 \$ _____

In Kind Donation, Value of \$ _____

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.

Tax Exempt #218481, EIN#11-3428858