

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 $ _____

Please direct the donation to:

Outreach_____ Research_____ General_____

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