



I WANT TO SUPPORT THE FIGHT AGAINST BREAST CANCER

Name _____

Address _____

City/State/ZIP _____

\$500 _____ \$100 _____ \$50 _____ \$25 _____ Other \$ _____

My donation is being made:

In Honor of _____

In Memory of _____

Please Notify the Following Person of this Donation:

Name _____

Address _____

City/State/ZIP _____

The Manhasset Women's Coalition Against Breast Cancer is a 501(c)(3) tax-exempt organization. EIN # 11-3428858.

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

MWCABC
P.O. Box 1007
Manhasset, NY 11030
www.manhassetbreastcancer.org