



FUNDRAISING DEPOSIT SLIP

Return to:
Cure on Wheels, Inc.
13014 N. Dale Mabry Hwy, Suite 233
Tampa, FL 33618

First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Email:		Phone:			
Check Total:	\$	Cash Total:	\$		
Credit Card Total:	\$	Matching Grant Total:	\$		
		Total Enclosed:	\$		



FUNDRAISING DEPOSIT SLIP

Return to:
Cure on Wheels, Inc.
13014 N. Dale Mabry Hwy, Suite 233
Tampa, FL 33618

First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Email:		Phone:			
Check Total:	\$	Cash Total:	\$		
Credit Card Total:	\$	Matching Grant Total:	\$		
		Total Enclosed:	\$		



FUNDRAISING DEPOSIT SLIP

Return to:
Cure on Wheels, Inc.
13014 N. Dale Mabry Hwy, Suite 233
Tampa, FL 33618

First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Email:		Phone:			
Check Total:	\$	Cash Total:	\$		
Credit Card Total:	\$	Matching Grant Total:	\$		
		Total Enclosed:	\$		