

		<b>DONATION FORM</b>	
		<b>Return to:</b> Cure on Wheels, Inc. 200 2 <sup>nd</sup> Avenue South, #475 St. Petersburg, FL 33701	
First Name:		Last Name:	
Address:			
City:		State:	Zip:
Email:		Phone:	
Yes, I/we want to help fight against cancer! Enclosed is my donation of:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 25.00	\$ 50.00	\$ 100.00	\$ 250.00
<b>Payment Method:</b>	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
<b>Credit Card #:</b>			Expiration Date:
Signature:			
<input type="checkbox"/> My employer will match my gift (Please enclose your employer's matching gift form) (All checks should be made payable to Cure on Wheels)			

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\$ 25.00	\$ 50.00	\$ 100.00	\$ _____
<b>Payment Method:</b>	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
<b>Credit Card #:</b>			Expiration Date:
Signature:			
<input type="checkbox"/> My employer will match my gift (Please enclose your employer's matching gift form) (All checks should be made payable to Cure on Wheels)			