



Facing Hereditary Cancer EMPOWERED

MAIL IN DONATION FORM

Please make checks payable to “FORCE: Facing Our Risk” and send along with this form to FORCE: Facing Our Risk, 16057 Tampa Palms Blvd. W. #373, Tampa, Florida 33647.

Name _____

Billing address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

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Please complete the information below if this gift is being made in honor or memory of someone:

Honor or Memory of (Name): _____

If you would like us to send notification of this gift to a third party, please provide the following information:

Send notification by Mail Send notification by eMail No notification is necessary

If you checked “by Mail” please provide the name and address of the individual(s) you would like us to notify:

Name _____

Address _____

City, State, Zip _____

Email Address(s) (If email notification was selected): _____

If there is a personal message you would like to add to the notification, please complete the below.

 I (we) wish to have our gift remain anonymous.

You will receive a written acknowledgement by mail. Your donation is tax deductible to the extent allowed by law in accordance with IRS rules. We greatly appreciate your support of our mission.