

Cancer Wig Foundation

Donation Form

A. NOTE CARD PURCHASE

5 cards & envelopes for \$25.00

_____ sets x \$25 \$ _____

B. DONATION

(MNSSPA will match 25% of a member's donation for amounts of \$10 to \$50. Please include your member number below to increase your donation from the Association.)

_____ I would like to donate \$ _____

_____ In Memory _____ In Honor _____ Other _____

Name of Individual _____

TOTAL: \$ _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

DAYTIME PHONE _____ EMAIL _____

MNSSPA Member # _____ (required for matching funds)

PAYMENT BY CHECK ONLY – THANK YOU FOR YOUR DONATION

MAIL TO

**Cancer Wig Foundation, Inc.
6950 France Ave S, Suite 18
Edina, MN 55435**

TAX RECEIPT: Please make a copy of this order form as a receipt for your donation.

The Cancer Wig Foundation is a 501(c)3 non-profit organization and all donations are tax deductible.