



DONATION COUPON

[PRINTABLE VERSION]

2009: Avon Walk for Breast Cancer: Rocky Mountains

Participant Name: Mrs. Mara I Love
Participant Number: 951330

I support you in the battle against breast cancer with my tax-deductible donation of : \$1000 \$750 \$500 \$250 \$100 Other \$

Donor First Name*: _____

Donor Last Name*: _____

Employer***: _____

Address 1: * _____

Address 2 : _____

City*: _____

State*: _____ Zip*: | | | | | |

Email: _____

I wish to make my donation in equal monthly credit card payments over: (min. of \$25 US/mo.)
 3months: (\$_____/mo) 5 months: (\$_____/mo)

I wish to pay the full amount.
 My check, payable to **Avon Walk for Breast Cancer**, is enclosed. *Check #* _____

Please charge my credit card:
 VISA Mastercard Amex Discover

Name on card: _____

No: | | | | | | | | | | | | | | | | | | | | | |

Exp. Date (month/year): ____/____

Signature: _____

Day Phone #: (| | |) _____
Phone number required for credit card payments

9999999999

Cut along the line above before mailing your donation

- Please mail this coupon & your donation to: **AVON FOUNDATION, PO Box 742509, Cincinnati, OH 45274-2509**
- Please include 1 coupon per donation
- Please print clearly in black or blue ballpoint pen
- Please write Participant # on your check
- Please do NOT send cash
- * Name and address are required for tax-receipt purposes

****MATCHING GIFTS** – Please mail coupon, check & form to:
AVON FOUNDATION, 1 Avon Plaza, Rye, NY 10580
You may also donate online at avonwalk.org
All information is confidential
All fees and donations are non-refundable
The Avon Foundation is a 501(c)(3) public charity

AVON WALK FOR BREAST CANCER

DONATION COUPON [PRINTABLE VERSION]

KEEP THIS PORTION FOR YOUR RECORDS

PARTICIPANT NAME: MARA LOVE
PARTICIPANT # 951330

DATE: _____ DONATION AMOUNT: \$ _____

PAID BY: CHECK # _____ CREDIT CARD MONEY ORDER

**AVON FOUNDATION
PO Box 742509
Cincinnati, OH 45274-2509**