



Amount of Pledge \$ _____

Electronic payment is made through www.mflfoundation.com

With your tax-deductible contribution, you can assist in bringing our mission of cancer prevention to fruition!

Name _____

Address _____ City & State _____

Zip _____ Email _____ Phone _____

Credit Card # _____

Exp. Date _____

Security Code (CVC) _____

Cash \$ _____

Check # _____

Thank you for your support!



A Call from the Heart

Pledge \$25 or more

Contribute to an Oral Cancer Screening

Pledge \$100 or more

Contribute to a Mammography

Pledge \$250 or more

Contribute to a Colonoscopy

Pledge \$1000 or more

Contribute to Saving Lives

This gift is made in memory of _____

This gift is made in honor of _____

Send acknowledgement to

Name: _____

Address: _____