## Donation Form

## Please mail this form with your donation to:



## **Donor Information**

First and Last Name:		
Email Address:		
Address:		
City:	State:	Zip:
Phone Number:		
Comment with gift? (optional):		
Gift amount:		
○\$1,000 ○\$500 ○\$250 ○\$100	other \$:	
OCheck (payable to CURE International)	OMake my donation monthly	
Check Number:	Check Date:	

## A receipt will be sent via mail. Thank you for your support.



Contributions are tax-deductable. CURE International is a top rated 501(c)(3) non-profit organization.