



**Fill out this form and mail to:**  
Prostate Cancer Foundation  
1250 Fourth Street  
Santa Monica, CA 90401

**Or fax to:**  
310.570.4701  
**Or call:**  
800.757.2873

Your donation to the Prostate Cancer Foundation is tax deductible as provided by law. Our federal tax ID# is 95-4418411.

### Your Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email\*: \_\_\_\_\_

\*If you wish to receive news and updates from the Prostate Cancer Foundation, please provide your email address.

### Form of Payment

Visa

MasterCard

American Express

Discover

Check enclosed. (Please make all checks payable to the Prostate Cancer Foundation.)

**Donation Amount:** \$ \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder name & billing address: \_\_\_\_\_

\_\_\_\_\_

### In Memory/Honor Of Notification

If you would like PCF to send a notice of your donation, select an option below.

My donation is in honor of: \_\_\_\_\_

My donation is in memory of: \_\_\_\_\_

Send acknowledgement to (name & address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_