

# Mission:Cure

Please mail this form and your check to:

**Mission: Cure**

c/o Megan Golden

245 W 107th St. #11B

New York, NY 10025

*(Please PRINT all information clearly.)*

Date: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to Mission: Cure.

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

*(Receipt will be sent to the address above.)*

**Type of Donation (please choose one):**

- General Donation
- Gift in memory of: \_\_\_\_\_
- Gift in honor of: \_\_\_\_\_

Send acknowledgement card to:

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How would you like the card to be signed?: \_\_\_\_\_

**We thank you for your support.**

Your contribution is tax-deductible.

Mission: Cure cares about and protects your privacy. The information you provide will only be used for purposes related to this form.  
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