



Please mail this form to:
Madeline Fiadini Lore Foundation
for Cancer Prevention
P.O. Box 34
Bayonne, New Jersey 07002

A Call from the Heart

Pledge \$20 or more: Contribute to PSA Screening

Pledge \$250 or more: Contribute to Colon Screening

Pledge \$100 or more: Contribute to Breast Exam

Pledge \$1000 or more: Contribute to Saving Lives

Enclosed is my contribution in the amount of \$ _____

Enclosed is my employer's matching gift form Yes No

Please charge my contribution to my credit card American Express Visa Mastercard
 Discover

Account Number: _____ Expiration Date: _____

Signature: _____

This gift is given In Memory of In Honor of

Name: _____

Please send a tribute card to

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This Gift Was Made By: (please print)

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____