

## DONATION AND CONTACT FORM

To:           The Susan Fazio Foundation for Melanoma Research  
              685 Misty Hollow Drive  
              Maple Glen, Pennsylvania 19002

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Message:    I/We Want to Help!

Please check any of the following:

- A donation of \$\_\_\_\_\_ is enclosed.
- A donation of \$\_\_\_\_\_ as a gift ( ) In Memory of \_\_\_\_\_.  
Notify the family of our condolences: \_\_\_\_\_  
\_\_\_\_\_.

Or ( ) In Honor of: \_\_\_\_\_  
for (event or occasion) \_\_\_\_\_  
Notify the honoree of our special recognition \_\_\_\_\_  
\_\_\_\_\_

- Forward information on gifts of stocks and securities.
- Forward information on bequests.
- Please contact me about organizing a fundraiser in support of The Foundation or of supporting an existing fundraiser.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send this form to:  
The Susan Foundation for Melanoma Research  
685 Misty Hollow Road  
Maple Glen, Pennsylvania 19002