

**Melanoma Education Foundation Contribution and Order Form**

**Contributions**

Enclosed is a contribution of \$ \_\_\_\_\_

to support the mission of the Melanoma Education Foundation.

in memory of \_\_\_\_\_

in honor of \_\_\_\_\_

Occasion \_\_\_\_\_

Please send notification that a contribution has been made to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Purchases** (prices include U.S. ground shipping)

\_\_\_\_\_ Pkgs 200 **Early Detection Guide** Wallet Cards (3 1/2" x 2 1/4") @ \$15.00: \_\_\_\_\_

\_\_\_\_\_ Pkgs 500 **Early Detection Guide** Wallet Cards (3 1/2" x 2 1/4") @ \$30.00: \_\_\_\_\_

\_\_\_\_\_ Pkgs 100 **See Spot** Bookmarks (3 1/2" x 8 1/2") @ \$12.00: \_\_\_\_\_

**Total purchases:** \_\_\_\_\_

**Contribution Amount (if any):** \_\_\_\_\_

**TOTAL AMOUNT:** \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Make check payable to **MEF**, P.O. Box 2023, Peabody, MA 01960 or charge to VISA, MasterCard, Amex, or Discover and **mail, fax** (978-535-5602) **or order by phone** (978-535-3080).

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security code No. on card back \_\_\_\_\_ Signature \_\_\_\_\_

***Thank you for helping save lives from the tragedy of melanoma.***