

|                                                                                                                                                                      |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------|--|----------------------------------------------------------------------------------------------------|--------------------------------------|--|--|-------------------------------------------|--|--|------------------------------------------|--|--|--|--|--|
|                                                                                     |  |  |                                   |  | <b>DONATION FORM</b>                                                                               |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
|                                                                                                                                                                      |  |  |                                   |  | <b>Return to:</b><br>Cure on Wheels, Inc.<br>13014 N. Dale Mabry Hwy, Suite 233<br>Tampa, FL 33618 |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| First Name:                                                                                                                                                          |  |  |                                   |  |                                                                                                    | Last Name:                           |  |  |                                           |  |  |                                          |  |  |  |  |  |
| Address:                                                                                                                                                             |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| City:                                                                                                                                                                |  |  |                                   |  |                                                                                                    | State:                               |  |  |                                           |  |  |                                          |  |  |  |  |  |
| Email:                                                                                                                                                               |  |  |                                   |  |                                                                                                    | Phone:                               |  |  |                                           |  |  |                                          |  |  |  |  |  |
| Yes, I/we want to help fight against cancer! Enclosed is my donation of:                                                                                             |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| <input type="checkbox"/> \$ 50.00                                                                                                                                    |  |  | <input type="checkbox"/> \$ 75.00 |  |                                                                                                    | <input type="checkbox"/> \$ 100.00   |  |  | <input type="checkbox"/> \$ 150.00        |  |  | <input type="checkbox"/> \$ ____ (other) |  |  |  |  |  |
| <b>Payment Method:</b>                                                                                                                                               |  |  | <input type="checkbox"/> Check    |  |                                                                                                    | <input type="checkbox"/> Credit Card |  |  | <input type="checkbox"/> American Express |  |  | <input type="checkbox"/> Discover        |  |  |  |  |  |
|                                                                                                                                                                      |  |  |                                   |  |                                                                                                    | <input type="checkbox"/> Master Card |  |  | <input type="checkbox"/> Visa             |  |  |                                          |  |  |  |  |  |
| <b>Credit Card #:</b>                                                                                                                                                |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  | Expiration Date:                         |  |  |  |  |  |
| Signature:                                                                                                                                                           |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| <input type="checkbox"/> My employer will match my gift (Please enclose your employer's matching gift form)<br>(All checks should be made payable to Cure on Wheels) |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |

|                                                                                                                                                                      |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------|--|----------------------------------------------------------------------------------------------------|--------------------------------------|--|--|-------------------------------------------|--|--|------------------------------------------|--|--|--|--|--|
|                                                                                   |  |  |                                   |  | <b>DONATION FORM</b>                                                                               |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
|                                                                                                                                                                      |  |  |                                   |  | <b>Return to:</b><br>Cure on Wheels, Inc.<br>13014 N. Dale Mabry Hwy, Suite 233<br>Tampa, FL 33618 |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| First Name:                                                                                                                                                          |  |  |                                   |  |                                                                                                    | Last Name:                           |  |  |                                           |  |  |                                          |  |  |  |  |  |
| Address:                                                                                                                                                             |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| City:                                                                                                                                                                |  |  |                                   |  |                                                                                                    | State:                               |  |  |                                           |  |  |                                          |  |  |  |  |  |
| Email:                                                                                                                                                               |  |  |                                   |  |                                                                                                    | Phone:                               |  |  |                                           |  |  |                                          |  |  |  |  |  |
| Yes, I/we want to help fight against cancer! Enclosed is my donation of:                                                                                             |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
| <input type="checkbox"/> \$ 50.00                                                                                                                                    |  |  | <input type="checkbox"/> \$ 75.00 |  |                                                                                                    | <input type="checkbox"/> \$ 100.00   |  |  | <input type="checkbox"/> \$ 150.00        |  |  | <input type="checkbox"/> \$ ____ (other) |  |  |  |  |  |
| <b>Payment Method:</b>                                                                                                                                               |  |  | <input type="checkbox"/> Check    |  |                                                                                                    | <input type="checkbox"/> Credit Card |  |  | <input type="checkbox"/> American Express |  |  | <input type="checkbox"/> Discover        |  |  |  |  |  |
|                                                                                                                                                                      |  |  |                                   |  |                                                                                                    | <input type="checkbox"/> Master Card |  |  | <input type="checkbox"/> Visa             |  |  |                                          |  |  |  |  |  |
| <b>Credit Card #:</b>                                                                                                                                                |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  | Expiration Date:                         |  |  |  |  |  |
| Signature:                                                                                                                                                           |  |  |                                   |  |                                                                                                    |                                      |  |  |                                           |  |  |                                          |  |  |  |  |  |
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