

J o y T O L i f e

Date _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

\$100-\$499 \$500-\$1000 \$1000-\$5000

Other _____

Enclosed is my check: \$ _____

Please bill me: \$ _____

annually semi-annually

quarterly monthly

Acknowledgement:

General Donation

In Memory of _____

In Honor of _____

Acknowledgement to be sent to:


Name _____

Address _____

City _____ State _____ Zip _____

How would you like the acknowledgement card to be signed:

Your contribution is tax deductible.



*Thank you for
your generous
donation to the Joy
to Life Foundation.*

*Your donation will
assist in supporting
screenings and
early detection for
the medically
underserved.*