Mail-in Donation Form

Thank you for making a donation to ZERO and joining us in the fight to end prostate cancer! Your support allows us to continue to increase awareness of the disease, educate those suffering from it, test those at risk, fund new research, and help find a cure. Please mail in your donation with this form to:

515 King Street, Suite 420
Alexandria, VA 22314

DONATION INFORMATION

Amount:

- $35
- $65
- $100
- $250
- $500
- $1,000
- OTHER: _____

Type of gift:

- One-time gift
- I want to help a man every month

Honor or Memorial Gift:

Honee First Name: ______________________________

Honee Last Name: ______________________________

Description: ________________________________

Mail letter on my behalf to:

Name: ________________________________

Address: ________________________________

DONOR INFORMATION

First Name: ________________________________

Last Name: ________________________________

Address: ________________________________

Email: ________________________________

Phone: ________________________________

Do you want to get more involved with ZERO?

- Yes
- No
- Maybe