



Donation Form

Cultivating Life

For every donation to the **National Prostate Awareness Association**, **80%** will remain in the general fund to support all ethnicities living with and/or affected with the scourge of **Prostate Cancer**. It will allow this organization to provide a quality support facility, educational outreach and health screenings. The additional **20%** will be used to garner the philanthropy community to partake in the erection of a community educational research center for the underserved.

Mail this donation form and your check to:
National Prostate Awareness Association

P.O. Box 1723
Decatur, GA 30031-4471

Participant Name: _____

Team Name: _____

Please accept my tax-deductible donation of \$ _____

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____

Email: _____

A Light For a Cure keeps Burning! Thank You!
No goods or services were provided in exchange for this donation

National Prostate Awareness Association a 501(c)3 Organization
Website: <http://www.checkitandcorrectit.com>