



## DONATION FORM

We invite you to make a donation by completing this form to send along with your check or money order made payable to: T.E.A.L.®

Tell Every Amazing Lady About Ovarian Cancer Louisa M. McGregor Ovarian Cancer Foundation  
also known as T.E.A.L.®  
533 16<sup>th</sup> Street, Brooklyn, N.Y. 11215  
Web: [www.tealwalk.org](http://www.tealwalk.org) or [www.telleveryamazinglady.org](http://www.telleveryamazinglady.org)  
E: [info@tealwalk.org](mailto:info@tealwalk.org) / T: 917-310-4835  
Not-For-Profit 501(c)3 Charitable Organization

### **General Contributor Information**

\* Required information

\* *Date:* \_\_\_\_\_

\* *Name:* \_\_\_\_\_

\* *Company name:* \_\_\_\_\_

\* *Address:* \_\_\_\_\_

\* *City, State, Zip:* \_\_\_\_\_

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### **\* Payment information**

Enclosed is my contribution of \$ \_\_\_\_\_ Check # \_\_\_\_\_

The enclosed contribution is in memory of \_\_\_\_\_

The enclosed contribution is in honor of \_\_\_\_\_

If you would like to support an individual or Team participating in the T.E.A.L.® Walk, please fill out their name for our reference:

Individual \_\_\_\_\_

Team  
Name \_\_\_\_\_

THANK YOU for your support!

Your contribution is tax-deductable to the extent permitted by law.

For more information or to make a donation online please visit us at [www.tealwalk.org/donate](http://www.tealwalk.org/donate)