

DONATION FORM

Payment Information:

- I would like to make a tax-deductible gift (Tax ID# 13-6128447) payable to the
Avon Foundation for Women:

\$250 \$100 \$50 \$25 \$_____

Payment Type:

Check Enclosed VISA MasterCard Discover AMEx

Credit Card

CVV2:

Exp. Date

Name as it appears on the credit card

Signature

Please indicate how your gift should be designated:

- Avon Breast Cancer Crusade
 Speak Out Against Domestic Violence
 Unrestricted

- Enclosed is my completed matching gift form.**

Donor Information:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Email: _____

Tribute Information:

In memory of _____ In honor of: _____

Acknowledgement Information:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable and mail to: Avon Foundation for Women, Attn: Donations, PO Box 1073,
Rye, NY 10580, Tel: 212-282-5000, Fax: 212-282-6049, Email: info@avonfoundation.org

*The Avon Foundation for Women is a 501(c)(3) tax exempt organization,
and your contribution will be tax-deductible to the extent allowed by law.*