



ADMETECH FOUNDATION DANCE FOR THE CURE OF PROSTATE CANCER



IN PARTNERSHIP WITH
ARTHUR MURRAY INTERNATIONAL



DONATION FORM

Full Name: _____

E-mail: _____

Phone number: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Payment Type: Check Credit Card Cash _____

CHECK

Please make check payable to Admetech Foundation

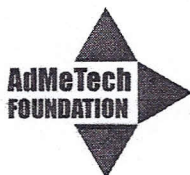
CREDIT CARD INFORMATION

Name on card: _____

Amount to be charged: \$ _____

Credit Card Type: Visa MC American Express Discover

Credit Card Number: _____ Exp. Date _____



AdMeTech Foundation
4 Longfellow Place, Suite 3802
Boston, MA 02114
Phone: 617.523.3535 Fax: 617.507.2439
www.admetech.org

THANK YOU FOR YOUR SUPPORT

CHECK No _____

DONATION

DONOR: _____

PAYMENT TYPE: Check Credit Card Cash _____

DONATION AMOUNT: _____

DATE: _____

Admetech is exempt under S.501(c)(3) of IRC and is also classified as a public charity under SS.509(a)(1) and 170(b)(1)(A)(vi) of the IRC. We hereby certify that we did not supply goods nor provide services in exchange for the above donation.
Federal ID: 52-2079827