



## ROCKING THE ROAD FOR A CURE, INC.

P.O. Box 404, Little Neck, New York 11363

Phone: 1-516-417-1911 Fax - 718-281-2446

*Memorial Gift Form - Thank you for your support*

### 1. Please provide your contact information in full:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I am interested in receiving information about Rocking the Road for a Cure via email

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### 2. I would like to donate the following amount:

\$ \_\_\_\_\_ ( Please make the check payable to Rocking the Road for a Cure, Inc.)

Check #: \_\_\_\_\_

### 3. Please provide the following honor card information:

In Honor Of: \_\_\_\_\_

\_\_\_\_\_ I would like a honor card with out the gift amount mailed to:

\_\_\_\_\_ I would like a honor card with the gift amount mailed to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How would you like the notify card to be signed?

\_\_\_\_\_

For questions, please email [contactus@rockingtheroadforcure.org](mailto:contactus@rockingtheroadforcure.org) or 1-516-417-1911

[www.rockingtheroadforcure.org](http://www.rockingtheroadforcure.org)

