



Please mail this form and your check to:
Real Men CARE, Inc.
PO Box 34
Glenn Dale, MD 20769-0034

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to Real Men CARE, Inc.

My name: _____

Address: _____ Home phone: (____) _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

Gift in honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

We thank you for your support.
Your contribution is tax-deductible.