



look good **feel better**[®]

HELPING WOMEN WITH CANCER



Please mail this form and your check to:
Look Good Feel Better Foundation
1620 L Street, NW- 12th Floor
Washington, DC 20036

Date: *(Please PRINT or TYPE all information clearly)*

Enclosed is my check in the amount of \$
Please make checks payable to the Personal Care Products Council Foundation

My name:

Address: Home phone:

City/State/Zip:
(Receipt will be sent to the address above)

Email:

TYPE OF DONATION (Please choose one):

General Donation

Gift in memory of:
(Name of deceased)

Send acknowledgment 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 acknowledgment 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.
Tax ID-52-1523017

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