



Melanoma Education Foundation Contribution Form

Enclosed is a contribution of \$ _____

to support the mission of the Melanoma Education Foundation.

in memory of _____

in honor of _____

Occasion _____

Please send notification that a contribution has been made to:

Name _____

Address _____

Donor Information

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Payment Options

Make check payable to **MEF** and mail it with form to MEF, 7 Jones Road, Peabody, MA 01960.

Charge Credit Card and email with form to steve_fine@comcast.net or call 978-535-3080.

Card No. _____ Expiration Date _____

Security code: _____ Signature _____

Thank you for saving lives from the tragedy of melanoma!