



Please mail this form and your check to:
Personal Care Products Council Foundation
1101 - 17th Street, NW, Suite 300
Washington, DC 20036 - 4702

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