

Name \_\_\_\_\_

Company \_\_\_\_\_  
(Please print as you would like it to appear in the program)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ payable to ASCF

Please charge \$ \_\_\_\_\_ to my account

MC     Visa     AMEX

Name on card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

I am unable to walk the runway but enclosed is a  
donation of \$ \_\_\_\_\_

\* I would like to make a donation in honor / memory of:  
(please circle one)

\_\_\_\_\_

**Thank you for your donation.**

Funds must be received by August 31, 2009  
to be included in event invitations.

Funds must be received by September 25, 2009  
to be included in event programs.

Direct inquiries to Melissa Amschwand Bellinger at  
info@sarcomacancer.org or 713-256-4250.

All proceeds will go towards the fight against sarcoma & tangible support programs sponsored by the Amschwand Sarcoma Cancer Foundation. For federal income tax purposes, the amount of the contribution that is tax deductible is limited to the excess of any money contributed by the donor over the value of goods or services provided by the charity.

The estimated value per person is \$150.00  
IRS ID# 76-0674858  
Inclusion of names and logos on printed materials  
will be subject to print deadlines and spacing limitations.