

TO ORDER A BREAST EXAM TIMER BY MAIL, PRINT THIS FORM AND SEND COMPLETED FORM WITH CHECK OR MONEY ORDER TO:

2 Minute Breast Exam, Box 591721, San Francisco, CA 94159-1721

How can we contact you?

Name _____

Telephone _____ or E-Mail _____

THIS INFORMATION WILL NOT BE SHARED OR SOLD.

PRINT CAREFULLY. THIS FORM WILL BE THE ADDRESS LABEL FOR YOUR GIFT.

2 Minute Breast Exam

Box 591721

San Francisco, CA 94159-1721

A caring reminder from _____
(print your name here)

To: Name

Address

City

State

Zip Code