

PRINT AND COMPLETE THIS FORM. THIS FORM REQUIRES FIRST CLASS POSTAGE. YOU MAY ALSO FAX THIS FORM TO 415.776.1977.

Total number of friends who viewed the breast exam video \_\_\_\_\_

Number of friends who have had a breast exam like the one in the video \_\_\_\_\_

Number of friends who have *not* had a breast exam like the one in the video \_\_\_\_\_

The first digit of your five-digit postal Zip Code \_\_\_\_\_

Fold on this line -----

Fold on this line -----

Place First Class  
Postage Here

2 Minute Breast Exam  
Box 591721  
San Francisco  
CA 94159  
USA