Mail-in Donation Form

Thank you for making a donation to ZERO and joining us in the fight to end prostate cancer! Your support allows us to continue to increase awareness of the disease, educate those suffering from it, test those at risk, fund new research, and help find a cure. Please mail in your donation with this form to:

201 N. Union St., Mailbox 110
Alexandria, VA 22314

Donation Information:

Amount:
- [ ] $35
- [ ] $65
- [ ] $100
- [ ] $250
- [ ] $500
- [ ] $1,000
- [ ] OTHER: _______

Honor or Memorial Gift:

Honoree First Name: ___________________________
Honoree Last Name: ___________________________
Description: __________________________________
Mail letter on my behalf to:
   Name: ______________________________
   Address: ____________________________

Donor Information:

First Name: ___________________________________
Last Name: ___________________________________
Address: ______________________________________
___________________________________________
Email: _______________________________________
Phone: _______________________________________

Type of gift:
- [ ] One-time gift
- [ ] I want to help patients and families every month

Honor Gift Type:
- [ ] In Honor of
- [ ] In Memory of

Do you want to get more involved with ZERO?
- [ ] Yes
- [ ] No
- [ ] Maybe