



FUNDRAISING DEPOSIT SLIP

Return to:
 Cure on Wheels, Inc.
 200 2nd Avenue South, #475
 St. Petersburg, FL 33701

First Name:		Last Name:	
Address:			
City:		State:	
		Zip:	
Email:		Phone:	
Check Total:	\$	Cash Total:	\$
Credit Card Total:	\$	Matching Grant Total:	\$
Total Enclosed:			\$



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