



Cordelia Knott

WELLNESS FOUNDATIONSM

Offering education and support

Yes, I want to make a difference in the life of someone diagnosed with cancer!

Name _____

Address _____

City/State/Zip _____

Phone No. _____ Fax No. _____

Email _____

Enclosed is a check for \$ _____

Please charge a gift of \$ _____ to my Visa MasterCard

Name on Credit Card _____

Account Number _____ Expiration Date _____

This gift is in celebration of _____

This gift is in memory of _____

Please send an acknowledgement of this gift to:

Name _____

Address _____

City/State/Zip _____

The Cordelia Knott Wellness Foundation
230 South Main Street, Suite 100
Orange, CA 92868

Thank you for your tax-deductible contribution!
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