



# Cordelia Knott

WELLNESS FOUNDATION<sup>SM</sup>

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!  
Federal Tax I.D. # 33-0368943