



fight the itch. save a life.

Donation Form



Donor Information (please print or type)

Name _____

Billing Address _____

City, State, Zip Code _____

Phone _____



Dedication Information

In Honor of: _____

In Memory of: _____

Mail additional card to: _____



Checks, corporate matches, or other gifts may be made payable to "ICP Care"

Please return to:

PO Box 4136

Miami Lakes, FL 33016

All contributions, including donated bonds, are deductible for income tax purposes.