

Name of Event

Fashion Show benefiting...



THE MARY KAY
FOUNDATION

Contribution Form

Business name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Contact Name: _____

Contribution: _____

Estimated value: _____

Contribution Deadline: DATE

Please make checks payable to NAME.

You may send your contribution to:

NAME

ADDRESS

You may also contact your Mary Kay Independent Beauty Consultant for pick up.

Independent Beauty Consultant/Contact Name: _____

Thank you again for your contribution!