



To: Revibe Men's Health
RE: Subscription Cancellation Request

I hereby wish to cancel my treatment subscription with your company.

Name (First & Last, as is appears on your ID): _____

Email Address: _____

Mobile Number (10-digit number with area code): _____

Revibe Location: (Please check one of the following)

- Honolulu, HI
- Seattle, WA
- Federal Way, WA
- Portland OR
- Oklahoma City, OK
- Tucson, AZ
- Salt Lake City, UT
- Tulsa, OK
- Sacramento, CA
- San Antonio, TX

Please contact me with any questions.
Thank you.