Printable Donation Form

MAIL COMPLETED FORM TO: 13770 Noel Road, Suite 801889, Dallas, TX 75380

BILLING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Email address: _____

☐ Donate by check

☐ Donate by credit card

Please charge my credit card with my contribution of $_____ ☐ Monthly ☐ One-time

(All amounts will be charged in U.S. Dollars.)

Credit card type: ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Please print card number using **black** or **blue** ink. Exp. date (MMYY)

Name on Card (Please print name clearly): _____

Authorizing Signature: _____

TRIBUTE INFORMATION

If you would like to make this donation in honor or in memory of someone, please fill in the information below.

☐ My donation is in honor of _____

Name of individual

☐ My donation is in memory of _____

Name of deceased

Would you like Komen to send a card to someone as notification of your honor or memorial donation?
Your gift amount will not be included in the card.

☐ No, do not send a card

☐ Yes, send a card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Personal message and signature *(maximum of 120 characters):*

_____

_____

DOUBLE YOUR IMPACT! By using your employer's matching gifts program, you could double or triple your support of Susan G. Komen. To check if your employer matches gifts to Komen visit: www.komen.org/how-to-help/donate/matching-gifts/. For questions: matchinggifts@komen.org.