



## DONATION FORM

Name of Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I'm happy to make a tax-deductible contribution to Komen NEPA in the amount of:

\$ \_\_\_\_\_,  \$500,  \$300,  \$150,  \$100,  \$50.

### Please make check payable to Komen NEPA

Tribute Gifts (optional)

Please check only one:

This gift is to be credited to a Race participant or Team.

Enter Participant or Team name: \_\_\_\_\_

This gift is in Memory of: \_\_\_\_\_

This gift is in Honor of: \_\_\_\_\_

Occasion: \_\_\_\_\_

Your relationship to the honoree: \_\_\_\_\_

### Gift Notification

If you would like us to notify someone of your thoughtful gift (without disclosing the amount) please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please sign the card from: \_\_\_\_\_

**Thank you for your generous support of Susan G. Komen® NEPA**

Please mail to:

Susan G. Komen® Northeastern Pennsylvania

125 N. Washington Ave., Suite 260

Scranton, PA 18503