



Donation Form

Your support helps the Greater Atlanta Affiliate of Susan G. Komen for the Cure® in its mission to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cure.

Thank you for your support and for your confidence in our efforts. The success of the organization is made possible through the very generous contributions of corporations, organizations and individuals like you.

Please print the following:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Contribution Amount: \$ _____

Select Method of Payment

Check Visa Mastercard American Express

Name on Card: _____

Billing Address if different than above: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Expiration Date: _____

Signature: _____

If In Memory of or In Honor of, please complete the following:

This gift is being given:

In Memory of In Honor of On the Occasion of _____

Name of person to whom tribute is being paid: _____

Please send tribute card to:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail this form, along with your donation, to the address below.

Susan G. Komen for the Cure
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One in eight women will be diagnosed with breast cancer in her lifetime.

Be Aware. Take Action.