



## 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: \$ \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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.**