

**The Susan G. Komen Breast Cancer Foundation
Tidewater Affiliate Donation Form**

REQUIRED INFORMATION. PLEASE PRINT.

DONOR NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:		
EMAIL:		
DONATION AMOUNT: \$		

OPTIONAL: TYPE OF TRIBUTE: _____ "In Memory Of" _____ "In Honor Of"

OPTIONAL: Name of Person to whom tribute is being paid:

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Please send acknowledgement of my donation to:

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
SHOULD WE INCLUDE THE DONATION AMOUNT IN THE ACKNOWLEDGMENT? _____ YES _____ NO		
SHOULD WE INCLUDE YOUR NAME IN THE ACKNOWLEDGMENT? _____ YES _____ NO		

Donation Amount \$ _____ Payment by _____ Check _____ Visa _____ MasterCard

Credit Card # _____ Expiration Date: _____

Please mail check or credit card information with this form to:

The Susan G. Komen Breast Cancer Foundation
Tidewater Affiliate
119 S. Witchduck Rd. Suite 85
Virginia Beach, Va. 23462

FOR TIDEWATER AFFILIATE OFFICE USE ONLY

Date Received: _____	Amount Received \$ _____
Acknowledgement Sent: _____	IRS Letter Sent: _____
Entered in System: _____	
Sent By: _____	

