



## Donation Form

Your support helps the Susan G. Komen Greater Atlanta 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: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Day 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: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Susan G. Komen Greater Atlanta  
P.O. Box 934048  
Atlanta, GA 31193-4048  
  
(404) 814-0052  
www.komenatlanta.org

**One in eight women will be diagnosed with breast cancer in her lifetime.**  
**Be Aware. Take Action.**