



Donation Form
PLEASE PRINT CLEARLY

For every donation to Susan G. Komen® Memorial, 75% stays in our community to support local community health programs that focus on education and outreach, screening and treatment. The remaining 25% supports the Komen Award and Research Grant Program, which funds groundbreaking breast cancer research.

Name: _____

Address: _____
(If using credit card print billing address)

_____ City _____ State _____ Zip

Phone: (____) _____ - _____ Email: _____

Please accept my tax-deductible donation of \$ _____

Please use my credit card: AMEX MasterCard VISA DISCOVER

Credit Card #: _____ Exp Date: ____/____ CVV: _____

Donor Signature

Enclosed is my check. Please make payable to: Susan G. Komen Memorial.

In Honor of: _____

In Memory of: _____

Please Send a Tribute Card to:

Name: _____

Address: _____

In Support of Race Participant: _____

Who is a participant in the _____ Race for the Cure.
(city where Race is held)

Mail to:

Susan G. Komen Memorial Affiliate
Attn: (Race City if Applicable)
4700 N. University St., Suite 91
Peoria, IL 61614-5849

Your gift will make an impact. Thank you!

No goods or services were provided in exchange for this donation. You will receive a tax receipt for your donation after your donation has been received and processed. Thank you.