



Donation Form
PLEASE PRINT CLEARLY

For every donation to the Memorial Affiliate of Susan G. Komen®, 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 a Participant: _____
Who is a participant in the _____
(city where event is held)

Mail to:
Susan G. Komen Memorial Affiliate
Attn: (Event 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.