

DONATION FORM



PARTICIPANT NAME (if applicable)

TEAM NAME (if applicable)

.....

DONOR NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

CHECK/CASH AMOUNT

CHECK NUMBER (if applicable)

CHECK DATE (if applicable)

.....

OPTIONAL TRIBUTE INFORMATION:

CHECK ONE - IN MEMORY OF IN HONOR OF

LIST TRIBUTE NAME

SEND ACKNOWLEDGEMENT TO

ADDRESS

CITY

STATE

ZIP

*MAIL FORM AND CHECKS (NOT CASH) TO:

SWFL Susan G. Komen for the Cure
26800 S. Tamiami Trail, Ste. 150
Bonita Springs, FL 34134

***PLEASE DO NOT MAIL CASH - bring form & cash to office. GO GREEN** and simply donate by credit card online at www.komenswfl.org. To donate to the Race, click on the *Komen Race for the Cure*[®] tab, scroll down to *Donate*, then on the right side click on *Donate to a Participant or Team*. From there, just follow the prompts. You will automatically receive an electronic receipt to the e-mail address you provide.

