Susan G. Komen®

I/We intend to make a gift to Susan G. Komen in the amount of:

O \$10,000	O \$50,000	
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## My Contribution is In Memory Of In Honor Of **DONOR INFORMATION** Spouse/Partner: Name: Name(s) as you wish to be recognized in print. () I prefer to remain anonymous. Street Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Scheduling Assistant: \_\_\_\_ Phone: **PAYMENT INFORMATION** Frequency of gifts (select one) Onnually Quarterly Annually Duration of gifts (number of years) \_\_\_\_\_ Start date \_\_\_\_\_ Enclosed is my check made payable to Susan G. Komen. I'd like to pay by credit card Please visit komen.org/promisesociety to make your online payment by credit card I anticipate my gift will be matched by my employer; (Company Name) I am interested in planned giving. I/We included Susan G. Komen in our will. I/We want to make a donation with stock.

Please return form to Susan G. Komen, Philanthropic Relations, 5005 LBJ Freeway, Ste. 526, Dallas, TX 75244. For additional information, please contact us at promisesociety@komen.org, 972-708-1707 or visit komen.org/promisesociety.

Donor Signature: Date: \_\_\_\_\_

Special Instructions:

