

## DONATION FORM

Name:

Address:

Phone:

E-Mail Address:

I would like my donation in honor/in memory of (Optional):

\_\_\_\_\_

And notify the following of my donation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

**Please make your checks payable to the Northeastern NY Affiliate of Susan G. Komen for the Cure® and mail along with this form to: Northeastern NY Affiliate of Susan G. Komen for the Cure, P.O. Box 13535, Albany, NY 12212.**

**Your donation will help us achieve the Komen Promise to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. Our Affiliate has granted over \$1.8 million to breast cancer and breast health programs in the eleven counties of Northeastern New York. Thank you for joining us in the fight against breast cancer.**

**[www.komenneny.org](http://www.komenneny.org)**

**518-250-5379**