



2006 DONATION FORM

For Official Use Only

Mary Cole 75848347
Name of Participant You're Sponsoring Supporter ID

Supporter ID: 75848347
Event ID: 131571

INSTRUCTIONS:

- Please fill this form out completely and legibly to avoid processing delays.
- A donation form must accompany each donation check. One check per donation form.
- All donations are non-refundable and non-transferable.
- Monthly payments cannot be cancelled.
- All donations are tax deductible to the extent allowed by law.
- Sorry, we cannot accept cash donations.
- Those who donate \$250 or more and do not have an email address will be mailed a receipt.
- Donations cannot be split amongst participants. This donation will be processed as it appears on the donation form, not what appears on the check.
- Use US mail only. Please do not send via Fed Ex or other delivery methods.

**PLEASE MAIL THIS FORM WITH YOUR DONATION TO:
Breast Cancer 3-Day Bank
7610 Paysphere Circle
Chicago, IL 60674**

MATCHING GIFTS
Many companies provide their employees with matching gifts. Just mail your employer's matching gift form along with the 3-Day MATCHING GIFTS CHECKLIST to:

NPT Breast Cancer 3-Day
165 Township Line Road,
Suite #150
Jenkintown, PA
19046-3593

I want to receive more information about the 3-Day matching gifts process via email.

ABOUT THE BENEFICIARIES
Eighty-five percent of the net monies raised from the 3-Day will benefit the Susan G. Komen Breast Cancer Foundation, a global leader in the fight against breast cancer, for research and community outreach programs. Fifteen percent of the net monies raised will benefit the National Philanthropic Trust Breast Cancer Fund, a special field of interest fund that will provide support for breast cancer initiatives including research, treatment, prevention and education.

To register, or for more information about the Breast Cancer 3-Day, call 800.996.3DAY or visit www.The3Day.org

TAX ID NUMBER
23-7825575

1. PRINT YOUR NAME CLEARLY.

FIRST NAME

LAST NAME

COMPANY NAME (FOR BUSINESS DONATIONS ONLY)

MAILING STREET ADDRESS

SUITE/APT. NO. PHONE (mandatory for credit and debit payments)

CITY

STATE ZIP

I do not wish to receive additional information from the Susan G. Komen Breast Cancer Foundation.

EMAIL ADDRESS

3. DONATE BY MAIL OR BY PHONE.

A. PERSONAL CHECK: Monthly Payments cannot be made by check. **Please make all checks payable to "Breast Cancer 3-Day."** Please include the participant name and supporter ID on all checks. We do not accept foreign checks.

B. CREDIT CARD: Single Payment or Monthly Payments. Your monthly statement(s) will read Breast Cancer 3-Day. Payments commence immediately upon processing of this form. We do not accept foreign credit cards via mail.

American Express Visa MasterCard Discover Card

ACCOUNT NUMBER

MOYR

EXP. DATE SIGNATURE

2. CHOOSE YOUR LEVEL OF DONATION.

When your donation is mailed, Monthly Payments must be a minimum of \$25 and cannot extend beyond four (4) months.

FRIEND

\$ (Single Payment in Full) OR

\$ Paid in _____ Monthly Payments

of \$

INSPIRATION \$500
 Paid in Full
 2 Monthly Payments of \$250
 4 Monthly Payments of \$125

SUPPORTER \$150
 Paid in Full
 2 Monthly Payments of \$75
 4 Monthly Payments of \$37.50

HOPE \$250
 Paid in Full
 2 Monthly Payments of \$125
 4 Monthly Payments of \$62.50

HERO \$750
 Paid in Full
 2 Monthly Payments of \$375
 4 Monthly Payments of \$187.50

HONORARY WALKER \$1,000
 Paid in Full
 2 Monthly Payments of \$500
 4 Monthly Payments of \$250

THANK YOU FOR SUPPORTING THE FIGHT AGAINST BREAST CANCER.