



Please mail to:
Susan G. Komen – MA
Attn: Donations, Memorials & Tributes
89 South Street Suite 406
Boston, MA 02111

Printable Donation Form

Please complete the following information:

Name of Donor(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gift Details

- ☐ Enclosed is my check
☐ Please charge my credit or debit card account using the information provided below.

I'm happy to make a tax-deductible contribution to Susan G. Komen for the Cure of:

☐ \$ _____ ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25

☐ American Express ☐ MasterCard ☐ VISA ☐ Discover

Name as it appears Credit Card: _____

Card Number: _____ - _____ - _____ - _____

Exp. Date (mm/yy) ____/____

Cardholder Signature: _____ Date: _____

Please make checks payable to: Susan G. Komen for the Cure- MA Affiliate

Tribute Gifts (optional)

Please check only one:

☐ This gift is in Memory of: _____

☐ This gift is in Honor of: _____

Occasion: _____

Your relationship to the honoree: _____

Gift Notification

If you would like us to notify someone of your thoughtful gift (without disclosing the amount), please provide the following information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please sign the card from: _____

Thank you for your continued support of the Massachusetts Affiliate of Susan G. Komen for the Cure®