



**2015 Komen North Central Alabama  
Race for the Cure®  
Donation Form**

**CHOOSE ONE**

Credit towards this Participant: \_\_\_\_\_

Credit towards this Team Name: \_\_\_\_\_

Contribution Amount: \_\_\_\_\_

Cash  Check  # \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Credit Card  # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

**Donor Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Recognition name if different from Donor:**

\_\_\_\_\_

Would you like the amount of your donation to be visible on the participants or team page?  Yes  No

(Donations of \$250 or more will be mailed a receipt)

**Please make check and money orders payable to: Komen Race for the Cure**

Mail to:

Susan G. Komen for the Cure  
1909 27<sup>th</sup> Ave. South  
Homewood, AL 35209

**Thank you!**