

# 2005 Donation Form

## For Official Use Only

Karyn Wall 64997334  
Name of Participant You're Sponsoring Supporter ID

Supporter ID: 64997334  
Event ID: 61811  
Check Sum Digit: 5

Please mail this form with your donation to:

**Breast Cancer 3-Day**  
7610 Paysphere Circle  
Chicago, IL 60674

**We do not accept cash.** Send only one check per donation form. Use U.S. mail only. Fed Ex or other delivery methods are not accepted at this address. Or donate online at [www.The3Day.org](http://www.The3Day.org).

### 1 Print Your Name Clearly

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Company Name (for business donations only)

\_\_\_\_\_  
Mailing Address Suite/Apt. No.

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

( ) \_\_\_\_\_  
Phone (Mandatory for Credit and Debit Payments) E-mail Address

I wish to receive information from the Susan G. Komen Breast Cancer Foundation and National Philanthropic Trust.

### 2 Choose Your Level of Donation

**Honorary Walker** .....\$1,000

- Paid in Full
- 10 Monthly Payments of \$100

**Hero** .....\$750

- Paid in Full
- 10 Monthly Payments of \$75

**Inspiration** .....\$500

- Paid in Full
- 10 Monthly Payments of \$50

**Hope** .....\$250

- Paid in Full
- 5 Monthly Payments of \$50
- 10 Monthly Payments of \$25

**Supporter** .....\$150

- Paid in Full
- 3 Monthly Payments of \$50
- 6 Monthly Payments of \$25

**Friend**

- \$ \_\_\_\_\_ (Single Payment in Full)
- \$ \_\_\_\_\_ Paid in \_\_\_\_\_ Monthly Payments of \$ \_\_\_\_\_  
(Monthly payments must be \$25 or higher and cannot extend beyond 10 months, credit card only.)

### 3 Two Easy Payment Options

**A. Personal Check** (Monthly Payments Cannot be Made by Check)

**Please make checks payable to Breast Cancer 3-Day**

Please include participant name and supporter ID on all checks. All donations will be credited in U.S. dollars. We do not accept cash, foreign checks or credit cards. **Donations are non-refundable and non-transferable.**

**B. Credit Card** (Single Payment or Monthly Payments)

- Visa**  **MasterCard**  **American Express**  **Discover Card**

\_\_\_\_\_  
Account # Exp. Date Signature

**IMPORTANT: Your monthly statement(s) will read Breast Cancer 3-Day.** Payments commence immediately upon processing of this form. All donations will be charged in U.S. dollars. **Donations are non-refundable and non-transferable.**

\_\_\_\_\_  
Signature Date

#### About the Beneficiaries

Eighty-five percent of the net monies raised from the 3-Day will benefit the Susan G. Komen Breast Cancer Foundation, one of the world's leading cancer organizations. 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.



**Instructions**  
Please fill this form out completely and legibly to avoid processing delays. A donation form must accompany each donation check. Sorry, we cannot accept cash donations. All donations are non-refundable and non-transferable. All donations are tax deductible to the extent allowed by law. Those who donate \$250 or more and do not have an email address will be mailed a receipt.

**Matching Gifts**  
Many companies provide their employees with matching gifts. Just mail your employer's matching gift form to: National Philanthropic Trust  
ATTN: Matching Gifts  
165 Township Line Rd.  
Jenkintown, PA  
19046-3593

To register, or for more information about the Breast Cancer 3-Day, call (800) 996-3DAY or visit [www.The3Day.org](http://www.The3Day.org).