



General Donation Form

To make a donation, please complete the form below:

This gift is made by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email address: _____

(*You will be added to our email list if you provide your email address.)

Enclosed is my gift in the amount of \$ _____

Is this gift to be in memory or honor of someone: _____ Yes _____ No

IF Yes please check: _____ In Memory Of _____ In Honor Of

If Yes, please provide name & address of where you want a card mailed recognizing your gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ I do not wish to have a card sent recognizing my gift.

To pay by credit card, please complete the following information
and mail to address below or fax to 321.972.5535.

Credit Card # _____ Exp. Date _____ Verification # _____

Authorized Signature _____

Your gift is tax deductible.

Receipts are mailed for donations \$50 or more unless specifically requested.

Thank you for joining us in the fight against breast cancer.

Please make checks payable to the Susan G. Komen - Central Florida and mail to:

Central Florida Affiliate of Susan G. Komen for the Cure

1350 Orange Ave, Suite 260, Winter Park, FL 32789

www.komencentralflorida.org • info@komencentralflorida.org

321.972.5534 • Fax 321.972.5535