



MAIL-IN DONOR FORM

Please complete the following form and mail it with your donation to:

The Breast Cancer Relief Foundation

615 Baronne Street, Suite 301

New Orleans, LA 70113

Phone: (504) 529-3258

Or fax to: (504) 529-3538

Donor Information (Please Print)

Last Name: _____ First Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____ Email: _____

You can make a donation in memory of a loved one or in honor of someone who has made a difference in your life. This is a great way to give tribute to that person who means so much while contributing to a cause that is changing lives and giving hope. Please specify that you would like to make a gift in memoriam or in honor of that special person below.

Donation Type:

General Fund

Honor

Memorial

Donation Amount \$: _____

For TBCRF Use Only: TBCRF # _____

Donation Information - Only For Memorial or Honor Gifts

If this is a Honor or Memorial Gift - Please complete the following information pertaining to the person in which this donation has been made in their honor or memory.

We will send a card to the person of your choice acknowledging your gift.

It is a wonderful way to express your support.

Name of Person: _____

TBCRF will send a card of honor or remembrance. Please specify mailing information below.

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Payment Information

Method of Payment: Check/Money Order MASTERCARD VISA American Express

ONE TIME DONATION MONTHLY DONATION (For twelve months)

Name of Cardholder: _____

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____

THANK YOU FOR YOUR SUPPORT

www.breastcancerrelief.org