

# FUNDRAISER MAIL-IN DONATION FORM

Complete the appropriate section below.

\* = Required Field

**Amount of Contribution\* \$** \_\_\_\_\_ **Fundraiser Name** \_\_\_\_\_

## Donor Information

**INDIVIDUAL** Donation

**First Name\*** \_\_\_\_\_

**Last Name\*** \_\_\_\_\_

**E-Mail\*** \_\_\_\_\_

**Phone\*** \_\_\_\_\_

**COMPANY** Donation

**Company Name\*** \_\_\_\_\_

**Contact Name\*** \_\_\_\_\_

**Contact Title\*** \_\_\_\_\_

**E-Mail\*** \_\_\_\_\_

**Phone\*** \_\_\_\_\_

OR

**Address\*** \_\_\_\_\_

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

## Dedication Details *(if applicable)*

This donation is being made on behalf of \_\_\_\_\_

If you would like us to mail a letter to someone regarding your dedication gift, complete the following for the letter recipient:

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

**Address** \_\_\_\_\_

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

**Reveal Amount of Contribution?** *(Please check one)*  **Yes** /  **No**

**Reveal Contributor's Name?** *(Please check one)*  **Yes** /  **No**

If you would like the letter to say the gift is from a name other than the Donor listed above (i.e., "The Smith Family" or "Your Friends at..."), please note the name below.

**Gift From:** \_\_\_\_\_

Please type, print, and mail the completed form along with your donation to:

National Breast Cancer Foundation, Inc.  
Attn: Fundraising  
2600 Network Blvd. Ste. 300  
Frisco, Texas 75034