



## 2004 Donation Form

### For Official Use Only

Participant Number: 1012335  
 Event ID: 30112  
 Check Digit: 5

Dena-Marie Dusek  
 Name of Participant You're Sponsoring

Please mail this form with your donation to:

**Breast Cancer 3-Day**  
**7415 Paysphere Circle**  
**Chicago, IL 60674-7415**

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

#### 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.

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

#### 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**

<b>Honorary Walker</b> .....\$1,000 <input type="checkbox"/> Paid in Full <input type="checkbox"/> 10 Monthly Payments of \$100	<b>Hero</b> .....\$750 <input type="checkbox"/> Paid in Full <input type="checkbox"/> 10 Monthly Payments of \$75	<b>Inspiration</b> .....\$500 <input type="checkbox"/> Paid in Full <input type="checkbox"/> 10 Monthly Payments of \$50
<b>Hope</b> .....\$250 <input type="checkbox"/> Paid in Full <input type="checkbox"/> 5 Monthly Payments of \$50 <input type="checkbox"/> 10 Monthly Payments of \$25	<b>Supporter</b> .....\$150 <input type="checkbox"/> Paid in Full <input type="checkbox"/> 3 Monthly Payments of \$50 <input type="checkbox"/> 6 Monthly Payments of \$25	<b>Other Amount</b> <input type="checkbox"/> \$ _____ (Single Payment in Full) <input type="checkbox"/> \$ _____ 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 (Single Payment in Full)

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

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

#### B. Donating by Credit Card (Single Payment or Monthly Payments)

Visa  MasterCard  American Express

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. The Komen Foundation is dedicated to eradicating breast cancer as a life-threatening disease through research, education, screening and treatment. Fifteen percent of the net monies raised will benefit the National Philanthropic Trust (NPT), whose annual funds raised rank them as one of the 100 largest charities in the United States. NPT will use its share of the net monies raised to provide a special field of interest fund for breast cancer initiatives.

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).