

GENERAL DONATION FORM

YOUR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email address: _____

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This donation was made:

"In Honor of": _____

"In Memory of": _____

DONATION DETAILS

Donation Amount:

\$500 \$250 \$100 \$75 Other \$ _____

(All donations are tax deductible where allowed by law.)

SUBMISSION INSTRUCTIONS

Please make all checks payable to:

Babylon Breast Cancer Coalition

(No Cash, Please!)

Mail donation, along with this completed form, to:

Babylon Breast Cancer Coalition

100 Montauk Highway

Copliague, NY 11726



To make a donation using your credit card please click on our PayPal link located on our website or call our office at (631) 893-4110. Thank You.