



Race for the Cure® Mail-in Donation Form

Thank you for making a donation to the Komen Milwaukee Race for the Cure! Please complete the form below and enclose with your payment.

Name _____

Address _____

City, State, and Zip _____

Telephone _____

Would you like to join our e-mail list to receive our quarterly Affiliate newsletter and other updates, such as Race for the Cure information? (*please circle one*) YES NO

If yes, please provide your e-mail address. You may still provide your e-mail address even if you do not wish to be added to our list so we may contact you if we have questions regarding your donation.

Email Address _____

Please check one of the following:

_____ This is a general donation and an acknowledgement card is not needed.

_____ This donation is given (*also include this information in the memo portion of your check*):

_____ On behalf of _____
(name of participant)

_____ In honor/memory of _____

If you would like an acknowledgement card sent to an honoree or family, please let us know whom to send it to (we will not include donation amount on the acknowledgement):

Name _____

Address _____

City, State, and Zip _____

For Race donations, please mail this completed form and your donation, made payable to **Komen Milwaukee Race for the Cure**, to our address below:

Komen Milwaukee Race for the Cure®
P.O. Box 88242
Milwaukee, WI 53288-0242

Questions? Please call 414.805.2900 or email information@komenmilwaukee.org