



The Susan G. Komen
Breast Cancer Foundation
Northeastern New York Affiliate

DONATION FORM

NAME: Ms. / Mrs. / Miss / Mr. _____
First Middle Last

ADDRESS: _____
Street City State ZIP

PHONE: _____
Home Office Fax

E-MAIL ADDRESS: _____

I make my donation in honor / in memory of: _____

Please notify: _____
Name
Street Address
City/State/ZIP

Payment: Amount \$ _____ In words: _____

Please make your check payable to the NE NY Komen Affiliate and attach it to this form. Mail the completed form and check to: Northeastern New York Komen Affiliate, P.O. Box 13535, Albany, NY 12212-3535.

VOLUNTEER OPPORTUNITIES

I am interested in the following volunteer opportunities and am available: ___ daytime; ___ evenings; ___ weekends.

- ___ **Komen Albany Race for the Cure®**: assist in planning the Race or helping on Race day
- ___ **Survivor Events**: assist in planning survivor events
- ___ **Public Relations**: media relations
- ___ **Other** (please specify: _____)

Thank you for joining us in the fight against breast cancer!