



Please mail this form and your check to:
Breast Cancer Awareness Association
2318 South Willow Lane
St. Louis Park, MN 55416

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____

(Make check payable to **Breast Cancer Awareness Association**)

Name: _____

Address: _____ Home phone: (____) _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

General Donation

Underwrite a scholarship (\$45 each)

Gift in memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

Gift in honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

Thank you for your support.
Your contribution is tax-deductible.