



# Donation Form

Breast Friends, Inc.  
Breast Cancer Support Network

## Donation Information

(complete and mail to Breast Friends, Inc.)

Your Name	
Billing address	
City, State, Zip	
Telephone	
Fax	
E-Mail	

**Donation Amount:** \$ \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

### OPTIONAL:

Gift being given:  In Memory Of...  In Honor Of...  Other: \_\_\_\_\_

Address to send tribute card: \_\_\_\_\_

### DONATION METHOD:

Cash

Check Please make checks payable to: **BREAST FRIENDS**

Mail to: 180 Allen Road NE  
Suite 305-North  
Atlanta, GA 30328

-OR- Fax to: 888-880-8436

-OR- E-mail: [support@breastfriends.org](mailto:support@breastfriends.org)

### Credit Card Authorization

Credit card type	Please circle: AMEX VISA MC DISC DINERS
Credit card number	
Expiration date (mm/yy)	SEC CODE:
Print name on card	

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

I do hereby guarantee that the above is a valid card on which I have signature rights. I authorize you to charge the credit card for the specified donation amount. \*Breast Friends will process credit card upon receipt of this form.

*Breast Friends, Inc. is a 501(c)(3) nonprofit organization registered in the State of Georgia.  
Federal tax ID #58-2414145.*