



Donation Form

Mid-Michigan Race Southwest Michigan Race West Michigan Race Ride for the Cure

Name of participant you are sponsoring: _____

Team name (if applicable): _____

Yes! I will contribute to Susan G. Komen® Michigan.

\$500 \$250 \$100 \$50 \$25 Other: \$ _____

Credit Card # _____ Exp. _____ CVV _____ Billing Zip Code _____

Check # _____ Cash

Please make check payable to:

Susan G. Komen Michigan

Many companies offer employees a matching gift benefit that increases your gift to Komen Michigan. If your company has a Matching Gift program, you must obtain the proper matching gift form from your company.

Donor Name: _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Not for solicitation purposes. We will only call you if we have a question about your gift.

ALL DONATIONS ARE TAX DEDUCTIBLE. RECEIPTS WILL BE ISSUED FOR DONATIONS OVER \$250. FOR AMOUNTS LESS THAN \$250, YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT.

Please mail this form and check/cash to:

P.O. Box 4368, East Lansing, MI 48826

Additional information for event participants only: To be considered for awards, all donations must be received by the fundraising deadline for each event (deadlines can be found on the Komen MI website). We encourage you to enter the donations you collect, as you receive them, as pending donations on your personal Race Center page at www.komenmichigan.org. When we receive your donations, we will record them as received. Watch your totals grow!