



I/WE WISH TO JOIN THE PUGET SOUND AFFILIATE CIRCLE OF GRACE

Name: _____

Address: _____

E-mail: _____ Phone: _____

DONATION PAYMENT INFORMATION:

AMOUNT OF DONATION \$ _____

DONATION PAYMENT INFORMATION

- I/we will make the donation by check, payable to Komen Puget Sound Affiliate
- I/we would like to charge our credit card: Visa MasterCard AmEx
- I/we would like to make this donation in gift increments of \$_____ per month from Today's Day: _____ - 11 months from today: _____.
- I/we would like to make a gift of securities. Please contact us.

Name as it appears on	
card: _____	
Card number: _____	Expiration date: _____
Signature: _____	Security code: _____

RECOGNITION:

- Please indicate how you wish to be recognized:

(Your name)
- I/We wish to remain anonymous

Signature: _____

Date: _____

