



**Terri Brodeur Breast Cancer Foundation
Sponsor a Walker Form
Walk Across Southeastern Connecticut**

Please complete and mail this form with your donation to: Terri Brodeur Breast Cancer Foundation, PO Box 785, New London, CT 06320

Please fill this form out completely to avoid processing delays. All donations are tax deductible to the extent allowed by law. Donations over \$250 will be acknowledged by a mailed receipt. Sorry, we cannot accept cash donations or foreign checks.

WALKER'S Name: _____

Matching gifts: If you are eligible for company matching gifts, please mail your employer's matching gift form along with your donation to TBBCF.

PLEASE PRINT YOUR INFORMATION CLEARLY

Title: ____ **Mr.** ____ **Ms.** ____ **Mrs.** ____ **Dr.**

First Name: _____ **Last Name:** _____

And/Or

Company Name: _____

Address #1: _____

Address #2: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

(Mandatory for credit and debit payments)

Email Address: _____

Matching Gift Form Attached: _____

Payment Information (Check Amount):

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> Other \$_____
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Personal Check: Please make all checks payable to Terri Brodeur Breast Cancer Foundation or TBBCF. Checks may be mailed to PO Box 785, New London, CT 06320. We cannot accept cash or foreign checks.

Designate Your Donation (optional):

<input type="checkbox"/> In Memory of	<input type="checkbox"/> In Honor of	<input type="checkbox"/> In Support of
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-----Office Use Only-----

Date Donation Entered _____ Entered By _____ Check # _____

Date Matching Gift Form Entered _____ Entered By _____

Date Matching Gift Form Forwarded to Matching Gift Company _____ Sent by _____