



Recurring Gift Form

Name: _____

Address: _____

Phone: _____

Email: _____

Please charge my:

VISA / Mastercard #: _____

Exp. Date: _____ SEC#: _____

Signature: _____

I, _____, do hereby authorize the Susan G. Komen Minnesota
(Full Name)

to remit monthly donations from the account listed above on the _____
(Date)

day of each month, in the specified amount of \$_____ beginning on _____.
(Day/Month/Year)

Signature _____ Date _____

Thank you for your generous support!

Please retain a copy for your files and send this original to:

Susan G. Komen Minnesota
960 Southdale Center
Edina, MN 55435