



## Recurring Gift Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please charge my:

VISA / Mastercard #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ SEC#: \_\_\_\_\_

Signature: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the Minnesota Affiliate of Susan G. Komen  
(Full Name)

for the Cure 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 for the Cure  
Mall of America  
301 South Avenue  
Bloomington, MN 55425**