12th ANNUAL KOMEN BRAINERD LAKES RACE FOR THE CURE®
FRIENDS FOR THE CURE® DONATION FORM

PLEASE PRINT

Fundraisers Name: _____ primary phone: (____)_____

Address: _____ secondary phone: (____)_____

City: _____St _____ Zip_____ ***THANK YOU!***

Please do not combine donation money with Race registration fees. Your cancelled check is your receipt. Please include full address of any individual donors who contribute $25 or more, as we will send separate acknowledgement. (For individuals donating $250 or more, acknowledgement is required per IRS regulations.) All donations are tax deductible to the fullest extent allowed by law. The Minnesota Affiliate of Susan G. Komen for the Cure is a 501(c) 3 organization, tax ID: 41-1924790.

Please make checks payable to: Komen Brainerd Lakes

Mail to: Komen Brainerd Lakes Race for the Cure®, PO Box 1057, Brainerd MN 56401

If you are also mailing a registration for the Race, please attach this form to your registration form or note that you have already registered. Donations received by 6 pm June 24th will count towards the Grand Prizes. All donations submitted by August 1st qualify for Thank You premiums and may be submitted online or by mail. (see website for details at **www.komenbrainerdlakes.org**).

Name	Address	City	St	Zip	Amount
Thank you for helping create *a World without Breast Cancer*! Total					

Attach additional copies as needed