



## DONATION FORM

YES! I want to support women in our community touched by breast cancer and concerned about breast health by donating to the Humboldt Community Breast Health Project.

Please send check to the address above or fill out credit card information below before sending.

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

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Work  Home

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

### CREDIT CARD INFORMATION



Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My gift is  In Honor of and/or is  In Memory of \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

- I would like to contribute \$ \_\_\_\_\_ on a monthly basis.
- You may print my name as a supporter in HCBHP publications.
- I am interested in volunteering. Please call me at \_\_\_\_\_

I know people who would like to learn more about HCBHP. Their names, addresses and phone numbers are enclosed.

Thank you! HCBHP is a private nonprofit 501c3 organization.  
100% of all monies received goes directly to this project.