

As a committed supporter of Susan G. Komen's vision of a world without breast cancer, I am pleased to make an extraordinary impact through my personal commitment. My gift will help fuel Komen's mission to end breast cancer through advancing groundbreaking research, offering vital patient care services and advocating for people impacted by breast cancer.

I would like to become a member of the Komen Promise Society with my gift of:	
\$	
I acknowledge that my gift enrolls me in the Promise Society.	

LILY	Life & Rebirth	\$5,000 - \$9,999
ORCHID	Thoughtfulness & Love	\$10,000 - \$24,999
ROSE	Gratitude & Admiration	\$25,000 - \$49,999
PEONY	Honor & Goodwill	\$50,000 - \$99,999
LOTUS	Enlightenment & Resilience	\$100,000 & Above

DONOR INFORMATION				
Name:	Spouse/Partner:			
Name(s) as you wish to be recogni	zed in print:			
I prefer to remain anonymo	us.			
Street Address:				
City: State:		Zip Code:		
Office Phone:	Email:	Cell Phone:		
Scheduling Assistant:	Cell P	hone:		
PAYMENT INFORMATION  Enclosed is a check made paya	able to Susan G. Komen.			
Please charge my credit card	American Express	MasterCard	Discover	Visa
Card Number:	Expiration [	Date:		
I will be submitting gift infor	mation to my employer:			
Make a gift from a donor adv	vised fund named:			
I am interested in planned given	ving.			
I have included Susan G. Kon	nen in my will.			
I would like to make a donati	on with stock.			
Donor Signature:	Date:			
Special Instructions:				