



INDIVIDUAL FUNDRAISING FORM

DONNA Participant Information

Name: _____

Phone Number: _____

E-mail Address: _____

Address: _____ City/State: _____ Zip Code: _____

Supporter Information

Supporter Name: _____

Phone Number: _____

Address: _____ City/State: _____ Zip Code: _____

Cash / Check: _____

I Donate

\$10

\$15

\$50

\$10 per mile \$_____ (enter total amount)

\$500

Other \$_____ (enter amount)

Your donation is 100% tax deductible. Please make checks payable to The DONNA Foundation and mail with a copy of this donation form to **11762 Marco Beach Drive, Suite 6, Jacksonville, FL 32224**. The full name and address of the supporter must be listed above in order to issue a tax receipt. For more information, visit www.breastcancermarathon.com. Thank you for your contribution!

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. The toll free number of the Department is 1-800-HELP-FLA (435-7352) - if calling from within the State of Florida, or (850) 488-2221 - if calling from outside of Florida. The State of Florida registration number of The DONNA Foundation, Inc. is CH27287. The DONNA Foundation, Inc. retains 100% of contributions received.

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