

**BreastCancerResourceCenterofAustin
MemberandDonationForm**

Thankyouforyoursupport!Donationsaretax-deductibletotheextentallowedbylaw.The BreastCancerResourceCenterisa501(c)(3)tax-exemptorganization.

Name _____

Address _____

City _____ State _____ Zip _____

HomePhone _____

Iwouldliketobegin/renewmyBCRCmembership.

Individuals: ___\$25 ___\$50 ___\$100 ___Other\$_____

Business/Professional: ___\$250 ___\$500 ___Other\$_____

Business/Profession: _____

Iwouldliketoaddmysupportasadonor.

___\$25 ___\$50 ___\$100 ___\$250 ___Other\$_____

___Mydonationis___inHonorof___inMemoryof:

Honoreenameandaddressstosendacknowledgement

___PleasesendmeinformationaboutyourSustainermonthlygivingprogram.

___Myemployer, _____,hasamatchinggiftprogram andIamenclosingthenecessaryforms.

Totalenclosed :\$ _____

___Check

___CreditCard: ___MC ___VISA ___Discover

Account#_____ExpirationDate:_____

Signature_____

*PleasemakeyourcheckpayabletoBreastCancerResourceCenter
andmailitwiththisformto:*

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