2009 INDIANAPOLIS
TEAM DONATION FORM

Please mail this form with your donation to:
St.Vincent Foundation I The Weekend to End Breast Cancer
The Weekend to End Breast Cancer
133 W Market Street #253, Indianapolis, IN 46204-2801
Or donate online at www.endcancer.org.

- This form is designed to make donating to a team as easy as possible. However, donations are still processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- Mail donations to the address above. Do not send donations to **The Weekend to End Breast Cancer®** office.
- Each check must come with its own donation form.
- We cannot accept cash donations.
- All donations are 100% tax deductible, and are non-refundable and non-transferable.
- If you donate $10 or more, you will receive a tax receipt in the mail.
- Ask your company if they provide matching gifts for donations.
- Do not alter form. Doing so will cause a delay or return of the donation.

Name of Donor _____ Name of Team You're Sponsoring _____

Donor's Email _____

Donor Address _____ City _____ Province _____ Postal Code _____

For more information about St.Vincent Foundation, please visit www.stvincent.org.

To register, or for more information about The Weekend to End Breast Cancer, please visit www.endcancer.org or call us at 317.879.WALK (9255).

Privacy Notice: The Weekend to End Breast Cancer respects your privacy. We do not trade, rent or sell the names of our valued supporters. You may opt out of our mailing list at any time.

PRINT NAMES OF THE TEAM MEMBERS YOU ARE SUPPORTING AND DONATION AMOUNT

Team Member	Participant Number (if available)	Amount of Donation

For additional names, please use additional sheet.

Page 1 Total: _____

Page 2 Total: _____

Final Total: _____

Note: Please make sure the breakout of donations to each team member adds up to the total.

TWO EASY PAYMENT OPTIONS

1. Check (Single payment in full)
Please make checks payable to: The Weekend to End Breast Cancer
Please include team name on all checks.

2. Credit Card (Single payment or monthly payments) ○ **Visa** ○ **MasterCard** ○ **Amex**

Card Number _____ Exp. Date _____

IMPORTANT: Your monthly statement(s) will read The Weekend to End Breast Cancer.
Payments commence immediately upon the processing of this form by the donation office. Donations are non-refundable and non-transferable.

Signature _____ Date _____

SKU#3023WEBC_IN

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additional names

Name of Donor

Name of Team You're Sponsoring

Donor's Email

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