



## Monthly Giving Form

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

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

\_\_\_\_\_

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

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

Please charge my:

VISA/MasterCard#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ SEC#: \_\_\_\_\_

Signature: \_\_\_\_\_

I, \_\_\_\_\_, hereby do authorize the Oregon and SW  
(Full name)  
Washington Affiliate of Susan G. Komen for the Cure to remit monthly donations  
from the account listed above, on the \_\_\_\_\_ day of each month, in the  
(date)  
specified amount of \$ \_\_\_\_\_ beginning on \_\_\_\_\_.  
(amount) (Day/Month/Year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your generous support!**

*Please retain a copy for your files and send original to:*

*Susan G. Komen for the Cure  
Oregon and SW Washington Affiliate  
Attn: Monthly Giving  
1500 SW 1<sup>st</sup> Avenue, Suite 270  
Portland OR 97201*