
Yes! I want to make a difference.

Enclosed is my tax-deductible gift of:

\$10 \$25 \$50 \$100 \$250
 \$1000* Other

Please make your check payable to
The Breast Cancer Emergency Aid Foundation
and mail to P.O. Box 616, Westport, CT 06881

*Please consider becoming a *Supporter*
with a gift of \$1000 or more.

I am a:

Current or Former Patient
 Patient Family Member
 Patient Friend
 Doctor, Nurse or in the Medical Profession

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Would you like your gift to recognize someone special? If so, fill out the *Tribute Form* below.

My gift is: in honor of in memory of

Name: _____

Please send notification of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

How would you like the card to be signed?
