



## Donation Form

Your tax-deductible donation will help with the most urgent emergency needs of local patients undergoing breast cancer treatments. We keep them in them in their homes, with the lights and heat on, and healthy meals on the table by providing financial support. Registered as a 501(c)(3) non-profit organization, our tax ID # is 41-2019565. Please complete the form below and return it at your earliest convenience:

### CONTACT INFORMATION

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer, if applicable: \_\_\_\_\_

Why did you choose Hope Chest for Breast Cancer as your beneficiary:

If your donation comes from an event or program, please tell us a little more about it:

If you have a photo(s) from the event or program, please send to [foundation@hopechest.com](mailto:foundation@hopechest.com).

Hope Chest has permission to use photo(s) in online and print communications.

### PAYMENT OPTIONS

Enclosed is my check made payable to the Hope Chest for Breast Cancer Foundation

Please charge my  Visa  MasterCard

Name on Card: \_\_\_\_\_ Email: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CSV Code: \_\_\_\_\_

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

