



Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____

(Made payable to **Breast Cancer Education Association**)

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(Receipt will be sent to the address above)

TYPE OF DONATION (please choose one):

- General Donation
- Conference scholarship (\$65 each)
- Gift in memory/honor (circle one) of:

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Send acknowledgement card to:

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Thank you for your support. Your contribution is 100% tax-deductible. The Breast Cancer Education Association is a 501(c)3 non-profit organization. Federal Tax ID# 03-0510381 State Tax ID# 6438082

Mail to:

Breast Cancer Education Association (BCEA)
1027 W. Roselawn Avenue
Roseville, MN 55113

Email: info@breastcancereducation.org

Phone: 651-487-3578