



Date: \_\_\_\_\_ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

(Receipt will be sent to the address above)

**TYPE OF DONATION (please choose one):**

- General Donation
- Underwrite a scholarship (\$45 each)
- Gift in memory of: \_\_\_\_\_  
(name of deceased)

**Send acknowledgement card to:**

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

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

City/State/ZIP: \_\_\_\_\_

- Gift in honor of: \_\_\_\_\_  
(name of individual)

**Send acknowledgement card to:**

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

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

City/State/ZIP: \_\_\_\_\_

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

**Submit to:**

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

[info@breastcancereducation.org](mailto:info@breastcancereducation.org)  
phone: 651-487-3578