



Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____

(Please make 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 Education 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
phone: 651-487-3578