**Donation Form**

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Donor Name |  |
| Billing address |  |
| City, State, ZIP Code |  |
| Phone (home)/(business) |  |
| E-Mail (required for receipt) |  |
| Facebook Name |  |

### Your donation will help The IIIB’s accomplish their mission to provide women who are facing breast cancer today, valuable and convenient medical information, recovery items and emotional support contained in our Bosom Buddy Basket at the time of diagnosis free of charge.

### *Each gift of $150 will provide 1 Bosom Buddy Basket to 1 deserving Breast Cancer Survivor.*

### I would like to support The IIIB’s Foundation now with my one time tax-deductible contribution of:

\_\_\_\_\_ $75 \_\_\_\_\_ $150 \_\_\_\_\_ $250 \_\_\_\_\_ $500 \_\_\_\_\_ $1000 Other $ \_\_\_\_\_\_\_\_\_\_\_\_

**Or my Monthly Gift Amount of** $\_\_\_\_\_\_ (To be charged to the credit card listed below.)

**I (we) plan to make this contribution in the form of:**

Cash Check (Payable to The IIIB’s Foundation) Credit Card: \_\_\_\_\_Mastercard/Visa/Discover/Amex

|  |  |
| --- | --- |
| Is This a Company Credit Card? | \_\_\_\_ Yes \_\_\_\_ No - If yes, Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Credit card number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expiration date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIV No on Back of Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**My Contribution will be Matched by my Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Company/Family/Foundation).**

Form enclosed Form will be forwarded

### I would like my gift to be in: Honor of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Memory of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

|  |
| --- |
|  |

I (we) wish to have our gift remain anonymous.

|  |
| --- |
| **Signature(s) Date:** |

Please make checks, corporate matches, or other gifts payable to **The IIIB’s Foundation**. Mail your donation form to the address below, or scan and email to: theiiibs@keepthecandleglowing.org.

**The IIIB’s Foundation**

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