



Please support me as I participate in the:
2012 Komen Mid-Michigan Race for the Cure®

Name of Participant you are sponsoring: _____

Team Name (if applicable): _____

Yes! I will make a contribution to help the Mid-Michigan Affiliate of Susan G. Komen for the Cure.

- \$500 \$250 \$100 \$50 \$25 Other amount: \$ _____
 Check # _____ Cash

PLEASE MAKE YOUR CHECK PAYABLE TO: KOMEN MID-MICHIGAN

Many companies offer employees a matching gift benefit that increases your gift to Komen. If your company has a Matching Gift program, you must obtain the proper matching gift form from your company. Please remember to send your completed matching gift form to the Mid-Michigan Affiliate of Susan G. Komen for the Cure, P.O. Box 4368, East Lansing, MI 48826.

Donor's name: _____

E-mail address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Donor's phone: (____) _____

(Not for solicitation purposes. We will only call you if we have a question about your gift.)

ALL DONATIONS ARE TAX DEDUCTIBLE. RECEIPTS WILL BE ISSUED FOR DONATIONS OVER \$250. FOR AMOUNTS LESS THAN \$250, YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT.

(PROVIDING YOUR E-MAIL ADDRESS ENSURES AN AUTOMATIC RECEIPT FOR ANY SIZE DONATION!)

Please mail this form and your check to:

Komen Mid-Michigan, P.O. Box 4368, East Lansing, MI, 48826.

Participants may also turn in donations and this form during Packet Pickup at Playmakers, or on Race day.

Additional information for Race participants only: To be considered for awards, all donations must be received by May 31, 2012. We encourage you to enter the donations you collect, as you receive them, as pending donations on your personal Race Center page at www.komenmidmichigan.org. When we receive your donations, we will record them as received. Watch your totals grow!