PLEASE PRINT AND INCLUDE THIS DONOR INFORMATION SHEET INSIDE YOUR PINK ENVELOPE PROJECT GIFT OR PACKAGE BEFORE SENDING TO MAKING MEMORIES FOUNDATION

RETURN THIS FORM TO:

Making Memories Breast Cancer Foundation
715 June Drive
Molalla, OR 97038

www.makingmemories.org
www.PinkEnvelopeProject.org

Dear Making Memories Friend,

Thank you for your kindness and generosity. Your gift of any amount will truly make a difference in the life of someone suffering with the traumatic diagnosis of metastatic breast cancer. You will help make a wish or dream come true that would otherwise be left unfulfilled.

Please print and fill in the form below with your name, mailing and email address. Be sure to include the value of your donation and/or please indicate the amount of your cash contribution. You may also charge your gift on your Visa, MasterCard, American Express, Discover or debit card.

If you would like additional information on how to help raise awareness and funds for the Making Memories Breast Cancer Foundation and help grant a dying wish or become involved in the Pink Envelope Project, please contact terry@pinkenvelopeproject.org with "Pink Envelope Project" in the subject line or call Terry Hale at 503-922-0618.

If you or someone you know desires to apply to become a wish recipient, please contact annaorr@makingmemories.org.

Be sure to check back and visit our website often to see
wishes waiting to be granted and new dreams coming true.

Name _____ Address _____

City _____ State _____ Zip _____

Email Address _____
Please Print Clearly

****IMPORTANT****

If donating by credit card, please provide zip code on credit card statement IF different from mailing address above. _____

Daytime Telephone Number _____

Please Accept My Donation of_____
List Item(s) here or on back of this form

Cash/Check _____
Please note amount sent

PEP #_____

Granting Wishes Touching Lives

Your tax-deductible donation enables the Making Memories Breast Cancer Foundation to grant more wishes and touch more lives . If you would like to make a donation on your Visa, MasterCard, Discover Card, American Express, or your debit card you may do so below.

Please accept my monetary gift in the amount of $_____

Name as it appears on your credit card _____

Credit card number _____

O **Check here if this is a one time gift.** Ex Date _____

If you would like to designate the amount donated above on your charge card as a monthly gift to the Making Memories Breast Cancer Foundation, please initial here._____

If you initial this approval, you will be charged for this gift on the 10th of each month until you request in writing to no further make this monthly donation. You may send your request to cancel your monthly gift to terry@pinkenvelopeproject.com with CANCEL MY MONTHLY GIFT SUBSCRIPTION in your subject line.

***Value of gift other than cash donations to be determined by donor.**

Making Memories IRS Tax Exempt # 93-1249284

Office Use Only:

Received by: _____ Date Received: _____

Date Receipt Sent_____ By _____