



**Monthly Giving Form**

\* **Required**

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

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

\_\_\_\_\_

\_\_\_\_\_

\* Phone: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Please charge my (circle one): VISA/Mastercard/Discover/AMEX

\* Card Num: \_\_\_\_\_

\* Exp. Date: \_\_\_\_\_ \* Verification Code: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* I, \_\_\_\_\_, hereby do authorize the Austin Affiliate of Susan G.  
(Full name)

Komen for the Cure® to remit monthly donations from the account listed above, on the

\_\_\_\_\_ day of each month, in the specified amount of \$\_\_\_\_\_ beginning on  
(date) (amount)

\_\_\_\_\_  
(Day/Month/Year)

\_\_\_\_\_  
\* Signature

\_\_\_\_\_  
\* Date

**Thank you for your generous support!**

*Please retain a copy for your files and send the original to:  
Susan G. Komen for the Cure Austin Affiliate  
Attn: Monthly Giving  
P.O. Box 2164  
Austin, TX 78768*