

**Support Me As I Participate in the 20th Anniversary
Komen Atlanta Race for the Cure®**

Participant Name: Ms. Shannon Wallace

Supporter ID: 1219881

Team Name: _____

Yes! I will make a contribution to help Susan G. Komen for the Cure
Greater Atlanta Affiliate.

\$500 \$250 \$100 \$50 \$25 Other \$ _____

Please Make Your Checks Payable to Susan G. Komen for the Cure Greater Atlanta Affiliate

Name: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____

Country: _____

Donor Phone: _____

E-mail: _____

Thank You So Much For Your Contribution!

**The Komen Atlanta Race for the Cure® is open to men and women of all ages and abilities.
You can sponsor a participant by printing this form and mailing it along with a check made
payable to:**

Komen Atlanta Race for the Cure
P.O. Box 934611
Atlanta, GA 31193-4611

Additional information:

Your donation information will be processed as it arrives in our office and will be credited to the correct participant's account. *****PLEASE BE SURE TO INCLUDE THE FOLLOWING INFORMATION ON SUPPORTING PAPERWORK THAT ACCOMPANIES YOUR DONATION: PARTICIPANT'S NAME, YOUR NAME, COMPLETE ADDRESS, E-MAIL ADDRESS, PHONE NUMBER AND AMOUNT OF DONATION.***** Donations are sent to the bank first and then to the Komen office. We do not see any checks attached, so it is very important to include paperwork or a donation form with the necessary information.