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**Atlanta 2-Day Walk for Breast Cancer**

**20\_\_ Donation Form**

Name of 2-Day Participant or Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHOOSE YOUR LEVEL OF DONATION:**

 ❑ $30 ($1 for every mile walked by a 2-Day Walker)

 ❑ $50 ($5 for every mile a Sunday Walker walks)

 ❑ $100 (Cost of a lymphedema compression garment for a breast cancer survivor)

 ❑ $250 (Cost for It’s The Journey to provide two low-cost mammograms for at risk women)

 ❑ $500 (Cost of site specific genetic testing for women with a family history of breast cancer)

 ❑ $1000 (Cost of 8 mammograms for underinsured women in Georgia- 1 in 8 women are diagnosed- your donation will save a life!)

 ❑ Other Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR DONOR INFORMATION:** All information is kept confidential and will not be sold or marketed in any way.

 Name:

 Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**For business donations only**)

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❑ Check here if you would like to receive weekly Atlanta 2-Day Walk for Breast Cancer updates.

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT: (Cash donations must be dropped off at the 2-Day office. Please do not send cash via mail.)**

 Method of Payment: ❑ Cash ❑ Check (**payable to Atlanta 2-Day Walk**, participant’s name written on memo line)

 ❑ Credit (Minimum $10 donation, processing fee applied to donation)

 Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit Card # 3 or 4 digit Pin#:

 Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If the credit card billing address is different from the mailing address please note the billing address below:**

 Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*IMPORTANT: Your monthly credit card statement(s) will read: \*IT’S THE JOURNEY****.* Payments commence immediately upon processing of this form. Donations are tax deductible to the fullest extent allowed by law. Donations are non-refundable. All donations will be charged in U.S. dollars.

***If an e-mail was provided, you will receive an e-mail receipt for donations of all amounts. To comply with IRS regulations,***

***only donations of $250 or more will receive a letter of acknowledgement from the 2-Day office for tax purposes.***

**Don’t forget to go online to doublethedonation.com/2daywalk to see if donor’s employer has a Matching Gifts program.**

**Please mail donation form to:**

It’s The Journey, Inc., 270 Carpenter Drive, Suite 515, Atlanta, GA 30328.

**Thank you for your donation to the Atlanta 2-Day Walk for Breast Cancer!**