



YSC Champions Donation Form

If you would like to donate, please fill out this form and return it with a check to your YSC Champion.

Champion Name: _____

Champion Address: _____

Your Name: _____ Salutation (circle): Mr./Mrs./Ms./Miss/Dr.

Your Phone Number: _____ Your Email: _____

Are you a breast cancer survivor? Yes No

Your Address: _____

Please make checks payable to Young Survival Coalition (Tax ID# 13-4057685) with the Champion's name in the memo so he/she gets credited.

Donation Amount: \$ _____

If you would like to donate by credit card, please check the appropriate box and fill in the information below:

AMEX DISCOVER MASTERCARD VISA

Credit Card Number: _____ Expiration Date: _____ Verification Code: _____

Don't forget to ask your company about matching gifts!

Will this donation be matched by a company? Yes No

Company Name: _____

Contributions can be mailed to: Young Survival Coalition, 80 Broad Street, Suite 1700, New York, NY 10004