



YSC Champions Donation Form

To donate, please fill this form out along with a check and return to either the fundraiser, or the YSC address below

Participant Name: _____

Participant Address: _____

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

Donor Phone Number: _____ Donor Email: _____

Are you a breast cancer survivor? Yes No

Donor Address: _____

**Please make checks payable to Young Survival Coalition (Tax ID# 13-4057685)
with the participant name in the memo so
he/she gets credited. Don't forget to ask your company about matching gifts!**

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, 75 Broad Street, Suite 409, New York, NY 10004