26.2 with DONNA™
FINISH BREAST CANCER

2011-2012 Fundraising Form

Name: _____ Phone Number: _____ E-mail Address: _____

Address: _____ City/State: _____ Zip: _____

The Full name and address of each donor must be listed below in order for them to receive a tax receipt. Thank you!

Supporter Name	Address	Phone Number	Cash/Check	Amount Sponsored
			TOTAL	$

Your donation is 100% tax deductible. Please make checks payable to 26.2 with Donna and mail with a copy of this donation form to **2107 Mango Place, Jacksonville, FL 32207**. The full name and address of the supporter must be listed above in order to issue a tax receipt. For more information, visit www.breastcancermarathon.com. Thank you for your contribution!

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. The toll free number of the Department is 1-800-HELP-FLA (435-7352) - if calling from within the State of Florida, or (850) 488-2221 - if calling from outside of Florida. The State of Florida registration number of 26.2 With Donna The National Marathon to Fight Breast Cancer, Inc. is CH27287. 26.2 With Donna The National Marathon to Fight Breast Cancer, Inc. retains 100% of contributions received.