



(Please Print Form Clearly)
Atlanta 2-Day Walk for Breast Cancer
20__ Donation Form



Name of 2-Day Participant: _____

Walker #: _____

(i.e. 2DW08:, 1DW08:)

YES, I will make a contribution to help the Atlanta 2-Day Walk for Breast Cancer for the following amount...

\$1,000
 \$500
 \$250
 \$100
 \$50
 \$25
 Other Amount: _____

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

Name: _____

Company Name: _____ (for business donations)

Email: _____

(For receipt purposes only)

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____

(Phone mandatory for credit card)

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

Method of Payment:
 Check (made payable to **Atlanta 2-Day Walk and please DO NOT staple to donation form**)
 Visa
 Mastercard
 American Express
 Discover

Name as it appears on Credit Card: _____

Credit Card # _____ 3 or 4 digit pin#: _____

Signature: _____ Expiration date: _____

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

Billing Address: _____

**Please note that credit card donations can be made directly online at www.2daywalk.org. Click on header DONATE TO WALK.*

Please mail donation form to:
 It's The Journey, Inc., P.O. Box 102974, Atlanta, GA 30368-2974

Attach your employer's gift form for matching contributions. Please note that matching gifts are not credited to accounts until received.

***IMPORTANT: Your monthly credit card statement(s) will read: KIN*2-Day Walk ATL BC.** Payments commence immediately upon processing of this form by the Donation Office. Donations are tax deductible to the fullest extent allowed by law. Donations are non-refundable. All donations will be charged in U.S. dollars.

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. For amounts less than \$250, your cancelled check or credit card statement will serve as your receipt.

I have read and understand the above.

Signature: _____ Date: _____

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