



987 8<sup>th</sup> St. Arcata, CA 95521  
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# DONATION FORM

*YES! I want to support individuals in our community touched by breast cancer and concerned about breast health by donating to the Breast and GYN Health Project. Please send check to the address below or fill out credit card information below before sending.*

Breast and GYN Health Project  
987 8<sup>th</sup> St.  
Arcata, CA 95521

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

home  cell  work

Email \_\_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Type

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Name

My gift is:  In Honor Of and/or  In Memory Of \_\_\_\_\_

Please send acknowledgement to \_\_\_\_\_

I would like to contribute \$\_\_\_\_\_ on a monthly basis.

You may print my name as a supporter in BGHP publications.

I am interested in volunteering. Please call me at \_\_\_\_\_.

Thank you! BGHP is a private nonprofit 501c3 organization.  
100% of all donations received go directly to this project.