



Terri Brodeur Breast Cancer Foundation  
**Sponsor a Walker Form**  
TBF Walk for a Cure

**Please complete and mail this form with your donation to:** Terri Brodeur Breast Cancer Foundation, 187 Williams St, New London, CT 06320

Please fill this form out completely to avoid processing delays. All donations are tax deductible to the extent allowed by law. Sorry, we cannot accept foreign checks.

**WALKER'S Name:** \_\_\_\_\_

**And/or TEAM's Name:** \_\_\_\_\_

**Matching gifts:** If you are eligible for company matching gifts, please mail your employer's matching gift form along with your donation to TBBCF.

**PLEASE PRINT YOUR INFORMATION CLEARLY**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**And/or Company Name:** \_\_\_\_\_

**Address #1:** \_\_\_\_\_

**Address #2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Thank you for your support. The mission of the Terri Brodeur Breast Cancer Foundation is to provide critical funding to researchers in search of a cure for breast cancer.

Our pledge is to direct 100 percent of total gross fundraising dollars toward breast cancer research. Every gift is tax-deductible.

**Matching Gift Form Attached:** \_\_\_\_ Yes \_\_\_\_ No

**Payment Information (Check Amount):**

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> Other \$ _____
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**Personal Check:** Please make all checks payable to Terri Brodeur Breast Cancer Foundation or TBBCF. Checks, along with this form, may be mailed to 187 Williams St, New London, CT 06320. We cannot accept foreign checks.

**Designate Your Donation (optional):**

<input type="checkbox"/> In Memory of	<input type="checkbox"/> In Honor/Support of
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-----For Office Use – Please Leave Blank-----