

I support you in the Zero Breast Cancer Dipsea Hike with my tax-deductible donation of:

\$1000 \$750 \$500 \$250 \$100 \$75 \$50 \$25

Other

\$

Participant Information

Participant Name _____

Team Name (if applicable) _____

Donor Information

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Phone _____

Email _____

Mail your completed form along with your donation to:

Zero Breast Cancer
ATTN: Dipsea Hike
30 North San Pedro Road, Suite 140
San Rafael, CA 94903

My check payable to **Zero Breast Cancer** is enclosed. Check # _____

Note: Checks should be written to Zero Breast Cancer and the memo line should have the participant name and/or the name of the team to ensure the donation can be properly validated and credited.

Cash donations cannot be accepted directly by ZBC.

Yes! I would like to receive monthly email newsletters from ZBC.

ALL DONATIONS ARE GRATEFULLY RECEIVED!
ZBC is a registered 501(c)3. Tax ID # 68-0386016