

Ithaca Breast Cancer Alliance Donation Form

Yes, I want to help the Ithaca Breast Cancer Alliance!

Enclosed is my tax deductible contribution of:

\$30 \$50 \$100 \$500 Other: _____

My contribution is in honor of: _____

My contribution is in memory of: _____

My name: _____

Address: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

e-mail: _____

Please print page and mail it with your donation to:

IBCA
612 West State St.
Ithaca, NY 14850

Ithaca Breast Cancer Alliance is a 501(c)(3) organization.