



DONATION FORM

The Shirley Mae Breast Cancer Assistance Fund

provides totally FREE financial assistance to breast cancer patients in southeastern New Jersey. 100% of your donation is dedicated to offering relief for the financial hardship that breast cancer can cause.

Support includes funding the purchase of prescribed cancer medications that exceed insurance coverage, breast prostheses, wigs and related items.

Please be as generous as you can. If you would like to honor or remember someone with your donation, a card will be sent to the individual or family you designate and include the donor's name and address (\$5 minimum donation please).

☐ IN HONOR OF _____ DATE _____

☐ IN MEMORY OF _____

PLEASE INFORM _____

ADDRESS _____ ZIP _____

GIVEN BY _____

ADDRESS _____ ZIP _____

AMOUNT \$ _____

All contributions are tax deductible.



*Print, complete & mail this form to: Shirley Mae Breast Cancer Assistance Fund
PO Box 3265, Margate, New Jersey 08402*