

Climb to Beat Breast Cancer Ben Lomond Challenge

June 25, 2011

Mail-in Donation Form

Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

E-mail address _____

___ *I would like to support the Ben Lomond Challenge Team by making a gift of:*

___ \$500 ___ \$250 ___ \$ 100 ___ \$ 50 ___ \$ 25

___ Other \$ _____

___ *I would like to support Ben Lomond Challenge Team member*

(Team member's name)

___ Check enclosed, made payable to St. John Providence Health System Foundations
or SJPHS Foundations

Visa MasterCard American Express Discover

Card Number _____

Exp. Date _____

___ *Please accept my pledge of \$* _____

___ *Please send me a pledge reminder when the climb is completed.*

Signature _____

(Required for all credit card gifts and pledges)

Date _____

(Required for all credit card gifts and pledges)

Mail form and payment to:

Climb to Beat Breast Cancer ~ Ben Lomond Challenge
St. John Providence Health System Foundations
22101 Moross MOB Ste 102
Detroit, MI 48236

