

# Charleston

## BREAST CENTER

*Beginning today, your gift will help change lives. Thank you for your generous spirit.*

YES! I want to make a difference in the fight against breast cancer.

\$50   \$100   \$500   \$1,000   \$5,000   Other \$ \_\_\_\_\_

Check enclosed made payable to the Charleston Breast Center

Please bill my:   VISA   MC   AMEX Card

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

- I'd like to pledge \$ \_\_\_\_\_ to be paid (check one)   Monthly   Quarterly   Annually
- I would like to pledge this gift for (circle one) 1 year/ 3 years/ 5 years.
- Please send a pledge reminder to me.
- I would like my gift to remain anonymous.

**I would like to make my gift:**   In Memory of   In Honor of

Name \_\_\_\_\_

Occasion:   Anniversary   Birthday   Christmas   Mother's Day   Father's Day

Graduation   Other (specify): \_\_\_\_\_

Please send notice of this gift to: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Charleston Breast Center is included in my estate plan.

Please send me information regarding estate planning.