



Doctors for the Cure
Registration for Membership
The Columbus Affiliate of Susan G. Komen for the Cure

Physician Contribution Amount: \$_____

 \$300 for individual

 \$500 for office

(Contributions are tax deductible)

Name on banner should appear as:

(Individual Physician Name or Practice Name)

Name: _____

Specialty: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Office Contact (Name): _____

(Email/Phone) _____

_____ I am interested in volunteer opportunities.

_____ I would like to receive email communication, including the monthly electronic newsletter.

Please *mail* completed form and payment to:

The Columbus Affiliate of Susan G. Komen for the Cure
855 Grandview Avenue, Suite 250
Columbus, Ohio 43215

Please make *checks payable* to:
Columbus Affiliate of Susan G. Komen for the Cure

SAVE LIVES AND END BREAST CANCER FOREVER

855 Grandview Avenue, Suite 250 Columbus, Ohio 43215 Tel: 614.297.8155 Toll Free: 1.866.611.2873
Fax: 614.297.8152 Helpline 1-800 I'M AWARE info@komencolumbus.org www.komencolumbus.org