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RACE FOR THE CURE®
P.O. BOX 1315
Wichita Falls, TX 76307

I would like to donate to the Susan G. Komen Of Wichita Falls. Please accept my donation of \$_____ and send acknowledgement to me:

Name: _____

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I would like to donate in :

In Honor: Name: _____

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OR

In Memory of : Name _____

Send acknowledgement to :

Name: _____

Address: _____

City: _____ Zip: _____

Please make check **payable** to Susan G. Komen Wichita Falls and send to:
Susan G. Komen P.O. Box 1315 Wichita Falls Texas 76307