

Yes! *I want to support the Maine Breast Cancer Coalition's work.*

- I want to be active in the *Maine Breast Cancer Coalition*. Please contact me.
- I want to become a member of *MBCC*. Enclosed is a check for \$15 (individual) or \$100 (business or organization membership) payable to *MBCC*.

Name _____
Address _____
City _____ State _____ Zip _____
Phone (day) _____ (eve.) _____
Email _____
(if you would like to be on our newsletter email list)

The Maine Breast Cancer Coalition is a 501(c) (3) non-profit organization.

- I want to make a tax-deductible contribution. Enclosed is a check payable to *MBCC* for \$_____.
In honor/memory of _____
- I want to donate the following gifts or services:

Please mail your check for membership and/or contribution with this form to:

Maine Breast Cancer Coalition
499 Broadway
PMB 362
Bangor, ME 04401-3460

