



Cynthia's Breast Cancer Giving Circle, Inc. Member Circle Pledge/Commitment

General Information (Please Print):

Name: _____ Birth MM/DD: _____

Address: _____

City / State / Zip: _____

Email: _____

Contact Number: (Home) _____ (Cell) _____

I am making a pledge to Cynthia's Breast Cancer Giving Circle, Inc., (CBCGC, Inc.) by joining the Members Circle, which involves a commitment of \$1 a day (\$365 a year or more) on a monthly or quarterly basis. I understand the mission of CBCGC, Inc. is to provide hope by relieving the mental stress and financial hardship to breast cancer or other cancer patients/survivors who are going through medical treatment.

I also understand Members in the Circle are encouraged (not required) to be engaged with the development of the Giving Circle (i.e., Review Committee for grant recommendations, attend the annual Information Gathering, Fund-Raising, etc.).

In addition, if I am no longer interested in being a Member of CBCGC, Inc. I will provide a brief statement to that effect.

Signature

Date

Please return the completed form to:
CBCGC, Inc., PO Box 76083
Milwaukee, WI 53216 or
by scanned email: cbgcinc@aol.com

THANK YOU FOR JOINING OUR GIVING CIRCLE!