



CREDIT CARD AUTHORIZATION FORM

Instructions

- Complete all blanks below by printing legibly with a dark pen.
- Sign on the line indicated.
- **Mail this form to: Attn: Beth Wise, Susan G. Komen for the Cure C/O Marathon for the Cure™, 5005 LBJ Freeway, Suite 250, Dallas, Texas 75244.**

PLEASE NOTE: Your Marathon for the Cure® registration is not complete until Komen for the Cure has received a hard copy of this completed form by MAIL. **No faxed copies will be accepted.**

I, _____, wish to participate in Marathon for the Cure of The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure (“Komen”). I will be at least 18 years of age or older by the time the event for which I have registered commences (the “Event”). I understand that as part of Marathon for the Cure, I must raise at least \$2,200 (if registering for an official Marathon for the Cure event), \$1,500 (if registering for an official Marathon for the Cure event in which I previously have secured my race entry), or \$250 (if registering for an alternate event), by 30 days after to the date of the marathon in which I will be participating. If I have not raised my fundraising minimum by that date, I authorize Susan G. Komen for the Cure to charge my credit card in the amount needed to bring my donation balance up to \$2,200 (or \$250 or \$1,500 as applicable). I understand that all donations processed by Komen are non-refundable and non-transferable, even if I do not participate in the event.

Type of Card: Visa MasterCard Discover American Express

Credit Card Number _____

Name as it appears on card _____

Expiration Date _____ Verification Code* _____

*On most cards, the verification code is the last three digits of the number on the back of your card. On American Express Cards, it is the four digit code above your credit card number on the front of the card.

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature

Date

Marathon I will be running in: (marathon name / city) _____

All information entered on this form will be kept strictly confidential by Susan G. Komen for the Cure®. You can view Komen for the Cure's complete privacy policy at komen.org/privacypolicy.