



## Membership

### STAND UP AND SPEAK OUT

*I believe in the mission of the Wisconsin Breast Cancer Coalition.  
I want to add my voice to the fight against breast cancer in Wisconsin.*

I'd like to become a member of WBCC.

I'd also like to donate\* to WBCC.

I'd like to become a WBCC volunteer.

I'd like to join the WBCC Alert Network.  
(Please be sure to enter your email.)

Annual Membership: **\$30** \_\_\_\_\_

Please enter the additional amount you would like to donate\*: \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please find my enclosed check made payable to the Wisconsin Breast Cancer Coalition.

Please charge my credit card # \_\_\_\_\_

VISA

MasterCard

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

\*All donations are tax-deductible to the extent provided by law.