



## MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

## DONOR INFORMATION

Donor Name (First Name and Last Name):

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

## ADDRESS INFORMATION

Address (If you are making this donation on behalf of an organization, please provide the organization's address):

City:		
Country:		
Email (optional):		
Phone (optional):		

## **PAYMENT OPTIONS**

One Time Gift Amount:\_\_\_\_\_

□ I'm enclosing my check made payable to the Transmountain Optimist Foundation

□ Please charge my credit/debit card:

□ Visa	
□ Mastercard	
American Express	
Cardholder's Name:	
Card Number:	
Expiration Date:	
I WANT TO SUPPORT	
Where It Is Needed Most: I trust TMO to use my money how it is needed	
Rider Sponsor: I would like to help sponsor	(Rider's Name)