Donation



Donate online at www.CureBrainTumors.org

Online donations are the most efficient way to give! If you are unable to donate online, please mail or fax this completed form to: Race for Hope - DC, c/o National Brain Tumor Society 55 Chapel Street, Suite 200, Newton, MA 02458 Donations made with credit cards can also be faxed to 617.924.9998.

NOTE: Please allow **two weeks** for donations to appear on the participant's web page. **Please print clearly.**

DONOR INFORMATION

Name(s):			
Company (if applicable):			
Address:			
City:	State:	Zip:	
Email:	Phone:		
(Never sold or exchanged)			
DONATION INFORMATION			
Please accept my donation of \$ for:			
Individual Walker/Runner. My gift counts toward the fundraising tota	al of this participant:		
Individual's Name:			
Team Name (if applicable):			
Team. My gift to the team will be credited through the Team Captain	:		
Team Name:			
The Race. My gift is for the Race For Hope - DC in honor of all partic	ipants.		
Matching Gift: Increase your gift!			
Does your employer match gifts? Please ask your HR department or main	nager about how to apply. The	NBTS Tax ID#/	EIN is 04-3068130.
PAYMENT TYPE			
Cash			
Check enclosed, payable to National Brain Tumor Society.			
Charge my credit card \$			
Circle one: Visa / Mastercard / American Express / Discover			
Card #:	Exp. Date: _	/	CVC #:
Please print name as it appears on card	Signature of Cardholder		
PRIVACY POLICY			
National Brain Tumor Society values the trust you place in us. We will not sell, tra		, i	J ()

complete privacy policy, visit www.braintumor.org/privacy.

Please sign below to acknowledge the Privacy Policy.

Participant Signature or Parent/Guardian Signature (if Participant is under 18)