



TEAM BILLY
RIDE & WALK FOR RESEARCH

Donation

Donate online at www.TeamBilly.org

Online donations are the most efficient way to give! If you are unable to donate online, please mail this completed form to:

Team Billy
38 Fifth Avenue
Saratoga Springs, NY 12866

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

Questions? Call 518.587.7211. **Please print clearly.**

DONOR INFORMATION

Name(s): _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Email (Never sold or exchanged): _____ Phone: _____

DONATION INFORMATION

Please accept my donation of \$_____ for:

Individual Walker/Rider. My gift counts toward the fundraising total 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: _____

Donation. My gift is for Team Billy in honor of Billy Grey.

Matching Gift: Increase your gift!

Does your employer match gifts? Please ask your HR department or manager about how to apply. The NBTS Tax ID#/EIN is 04-3068130.

PRIVACY POLICY

I have read and understand the PRIVACY POLICY on the reverse side of this form.

Donor Signature

Date

PAYMENT TYPE

Check enclosed, payable to National Brain Tumor Society/Team Billy.

Charge my credit card \$_____

Circle one: Visa / Mastercard / American Express / Discover

Card #: _____ Exp. Date: ____ / ____ CVC#: _____

Signature of cardholder

Please print name as it appears on card

Please read and sign on the reverse.

PRIVACY POLICY

In order to complete and confirm my donation to the Team Billy Ride and Walk for Research and the National Brain Tumor Society (NBTS), I hereby affirm, acknowledge and agree to the following:

- 1. Personal information:** We do not collect personally identifiable information from you unless you provide it to us voluntarily and knowingly. If you personalize a website, become a volunteer, order materials, request information, or donate, for example, we may collect the following information: first and last name, street address, city, state, zip code, telephone number, email address, and subject of inquiry. Personal information may be needed for certain optional online activities.
- 2. Registration:** If you choose to create a profile to personalize the website (my.braintumorcommunity.org and/or braintumorcommunity.org) to your needs by becoming a registered web user, we retain the preferences you select so that you will not have to reenter the information each time you access our website. You can access your profile by entering your username and password each time you use the website. When you register and create a profile, we may ask you to provide health information. This information is useful for event administration purposes. Further, if you elect to use our referral service to inform a friend about the site, we will ask you for your friend's name and address. We will use this information only to send your friend a one-time email inviting him or her to visit the site.
- 3. Contributions:** If you choose to donate to our organization, we maintain a record of your contribution. We collect standard credit card information (card number, card type, expiration date) and keep a record of your financial transaction. Credit card numbers are held only until the charge can be processed (usually several minutes) then the number is only available to NBTS Gift Processing for purposes of problem resolution. Credit card numbers obtained through online transactions are handled by a secure server and not available to NBTS or its staff.

Please review our full privacy policy online at www.braintumor.org/privacy