

## TeamRaiser Gift Form

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**E-mail:**

**Donation Amount:**   ☐ \$10            ☐ \$25            ☐ \$50  
   ☐ Other amount:

### Credit Card Information

☐ MasterCard                      ☐ Visa                      ☐ American Express

**Card Number:**

**Expiration Date:**      **Month:**            **Year:**

-----  
**I am sponsoring the following person who is participating in this event:**

**Event Name:**            Fundraise Your Way

**Participation Type:** Fundraiser - Join

**Participant Name:** Dr. Mykle Jacobs

**Address:**                      344 Willow Pointe Dr.

**City:**                              Lagrange

**State:**                              GA

**Zip:**                                30240-7774

**Country:**

**E-mail:**                          gobluemj@gmail.com

**Race Number:**

**Cons Id:**                        1129800

**Team Name:**            World Record Baseball Game

**Company:**

**Division:**

**Team Captain:**      Mr. Chuck Williams

**Address:**                      1602 Vintage Ridge Court

**City:**                              Wildwood

**State:**                              MO

**Zip:**                                63038-1487

**Country:**

**E-mail:**                          chuckwilliams47@gmail.com