

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: Tim Helmick

Address: 3047 Apple Blossom Ln.

City: St. Charles

State: MO

Zip: 63303-4450

Country: United States

E-mail: timhelmick@att.net

Race Number:

Cons Id: 1160987

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