



Event Donation Form

You can also donate online at www.events.braintumor.org

Event: _____

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 Participant. 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: _____

General Event Donation. My gift is in honor of all participants.

PAYMENT TYPE

Total amount from above: \$ _____

Check, # _____, 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, trade, or share the personal information you provide to us through our website(s) or by participating in this event with anyone else, nor will we send donor mailings on behalf of another organization without your written permission to do so. To read our complete privacy policy, visit www.braintumor.org/privacy.

Please sign below to acknowledge the Privacy Policy above.

Signature

Date