



## **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:(Never sold or exchanged)			
DONATION INFORMATION			
Please accept my donation of \$ for:			
☐ Individual Walker/Runner. My gift counts toward the fundraising to	tal of this participant:		
Individual's Name:			
Team Name (if applicable):			
	n:		
☐ The Race. My gift is for the Race For Hope - DC in honor of all partic	cipants.		_
Matching Gift: Increase your gift!			
Does your employer match gifts? Please ask your HR department or ma	anager about how to apply. T	The NBTS Tax ID#/E	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. Dat	re:/	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, tr participating in this event with anyone else, nor will we send donor mailings on complete privacy policy, <b>visit www.braintumor.org/privacy</b> .	•		
Please sign below to acknowledge the Privacy Policy.			
Participant Signature or Parent/Guardian Signature (if Participant is under 18)	D	ate	