# 2010 DONATION Form

**Want your donation posted to the website faster?**
Give **online** by credit card at www.StBaldricks.org or by **phone** at (888) 899-BALD (2253).

**For donations by check or cash,**
Please use one donation form per gift to keep expenses low and funds for childhood cancer research high! Donations are tax-deductible in the U.S., and you will receive a gift acknowledgement for tax purposes. Our IRS nonprofit ID # is 20-1173824.

| Shavee Name | ID# | Event Year | Team | Site |
|---|---|---|---|---|
| n/a | n/a | 2010 | n/a | Quality Time Food & Spirits (www.TeamBrent.com) E-32 |

## Step 1: Donor Information

### This gift is from a Business/Foundation/Organization

*Name of Business /Foundation/Organization*
*(This name will appear on website unless marked anonymous below.)*

❑ Mr. & Mrs. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other _____

*Contact Person: Name MI Last*

*Position/Title*

**OR**

### This gift is from an Individual/Family

❑ Mr. & Mrs. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other _____

*Name(s) MI Last*

*Name to publish, if different (ex: Aunt Mary)*

## Step 2: Optional Gift Information

❑ This gift is **ANONYMOUS.** *(Only the shavee will see your name.)*

❑ This gift is

❑ in memory of
❑ in honor of

*Name(s) MI Last*

To increase your gift, please attach your company's matching gift form *(check with your human resources department)*.

## Step 3: Address

*E-mail* _____
*This is our most cost-effective way to send you a tax receipt. We do not rent, share or sell your information, and you can discontinue emails at any time.*

❑ Home
❑ Work

*Address*

*City* *State* *Zip* *Phone:* ❑ *Home* ❑ *Work* ❑ *Cell*

## Step 4: Donation

**Donation amount:** ❑ **$1,000** ❑ **$500** ❑ **$250** ❑ **$100** ❑ **$50** ❑ **Other $** _____

### ❑ Check

(Gifts made by check will be processed electronically to reduce processing and bank fees. To opt out of this process, please contact us.)

- Make checks payable to: **St. Baldrick's Foundation**.
- Please write **shavee name & ID#** in memo line of check.

### ❑ Cash

**Please do not mail cash.**
Give this form with cash to shavee, or turn in cash with form at event.

**Please return this completed form with payment to your shavee, or send to:**

**St. Baldrick's Foundation**
**1333 S. Mayflower Avenue, Suite 400**
**Monrovia, CA 91016-5268**

THANK YOU!