



Mail-In Donation Form

Donor Information

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Donation Information

I would like to make a donation in the amount of:

\$500 \$250 \$100 \$50 \$25 Other: \$ _____

Please display my name on the participant's fundraising honor roll as: _____

Please do not display my name on the honor roll.

Payment Method

Enclosed is my check payable to the **Roswell Park Alliance Foundation**.

- OR -

Please charge my: Visa MasterCard American Express Discover

Credit card number: _____ Expiration date: ____/____

Signature: _____ Today's date: _____

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

Event Name: _____

Participant's Name: _____

Mail this form and your contribution to:

*Roswell Park Alliance Foundation
Attn: Team Roswell
P.O. Box 644
Buffalo, NY 14240-0644*

Thank you for your generous donation!
www.TeamRoswell.org