



# Donation

Donate online at [www.CureBrainTumors.org](http://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: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Never sold or exchanged)*

## DONATION INFORMATION

Please accept my donation of \$ \_\_\_\_\_ for:

**Individual Walker/Runner.** My gift counts toward the fundraising total of this participant:

Individual's Name: **John Howard**

Team Name (if applicable): **Howard Homes**

**Team.** My gift to the team will be credited through the Team Captain:

Team Name: \_\_\_\_\_

**The Race.** My gift is for the Race For Hope - DC in honor of all participants.

**Matching Gift:** Increase your gift!

Does your employer match gifts? Please ask your HR department or manager about how to apply. The NBTS Tax ID#/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. 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](http://www.braintumor.org/privacy).

Please sign below to acknowledge the Privacy Policy.

\_\_\_\_\_  
*Participant Signature or Parent/Guardian Signature (if Participant is under 18)*

\_\_\_\_\_  
*Date*

Contact us at [RaceDC@curebraintumors.org](mailto:RaceDC@curebraintumors.org) with any questions.

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