



Event Donation Form

National Brain Tumor Society
EIN: 04-3068130

Please mail or fax this completed form to:

National Brain Tumor Society
[Event Name]
55 Chapel Street, Suite 006
Newton, MA 02458

Donations made with credit cards can also be faxed to 617.924.9998.

Please print clearly. Questions? Call 617.924.9997 or visit www.braintumor.org

DONOR INFORMATION

Name(s): _____

Company (if applicable): _____ Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

(Never sold or exchanged)

DONATION INFORMATION

I/We wish to make a tax-deductible donation of \$ _____

I/We wish to make a monthly recurring gift of \$ _____ ending on _____.

Event Name: _____

Team/Participant Name: _____ Amount: \$ _____

Team/Participant Name (if donating to more than one team): _____ Amount: \$ _____

Matching Gift:

Double your gift by submitting a matching gift form from your employer!

My matching gift form is enclosed.

PAYMENT TYPE

Check/money order enclosed, payable to National Brain Tumor Society.

Charge my credit card \$ _____

Circle one: Visa / Mastercard / American Express / Discover

Card #: _____ Exp. Date: _____ / _____ CVC #: _____ Billing Zip Code: _____

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