**Donation & Contribution Form**

Please complete the following form and mail or email it to Michael’s Mission at the following address: Make all checks payable to Michael’s Mission.

**Michael’s Mission**

**c/o Cindy Price Gavin**

**422 East 72nd Street, Suite 9D**

**New York, NY 10021**

**Email-cindy@michaelsmission.org**

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

I am unable to attend, but I am pleased to enclose my tax-deductible contribution in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_.

My company has a Matching Gift Program for charitable donations: Yes / No

***Level of Sponsorship:***

Athlete in Training $500

Individual Participant $150

**Choose one:**

1. Enclosed is my check for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I wish to pay by credit card:

1. American Express 2. Master Card 3. Visa

Name as it appears on credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. date: \_\_\_\_\_\_\_Security Code\_\_\_\_\_

Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Michael’s Mission is a registered 501 (c) (3) charitable organization focused in the area of colorectal cancer that was formed in early 2009. Tax I.D. #26-2573681*