



DONATION FORM

Donor Information:

Date:		
First name:	Last name:	
Company:	Title:	
Street Address:		
City:	State:	Zip:
Tel/Cell:	Email:	
Please list my name/company as a contributor on MFL's <input type="checkbox"/> Website OR <input type="checkbox"/> I am donating anonymously		
Please send my acknowledgement letter (for contributions \$20+) to the above address or email (circle one).		
Send me email updates about <input type="checkbox"/> fundraisers/events <input type="checkbox"/> classes/workshops/lectures <input type="checkbox"/> teacher training		

Donation Information:

DONATION AMOUNT: \$		
Donation Method (check one): <input type="checkbox"/> Credit Card (fill info below) <input type="checkbox"/> Check (see directions below)		
Honor/Memory Full Name (optional):		
Purpose/Fund (optional): <input type="checkbox"/> General Op <input type="checkbox"/> Teacher Training <input type="checkbox"/> New Programs <input type="checkbox"/> Diana Fund <input type="checkbox"/> Meyers Fund <input type="checkbox"/> Nadea Fund		
Acknowledgee Full Name (optional):		
Acknowledgee Street Address:		
Acknowledgee Billing City	State	Zip

Credit Card Information (optional):

Name of Cardholder:		
Card Number:		
Expiration Date:		
Billing Street Address:		
Billing City	State	Zip

Please make checks payable to Moving For Life and send to the address below.

Thank you for your generosity!

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