



Donation

Donate online at www.BrainTumorWalk.org/Delaware

Online donations are the most efficient way to give! If you are unable to donate online, please mail or fax this completed form to:

Mail to: 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. My gift counts toward the fundraising total of this participal Individual's Name:	
Team Name (if applicable):	
☐ Team. My gift to the team will be credited through the Team Captain: Team Name:	
☐ The Walk. My gift is for the Brain Tumor Walk 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	
☐ 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 shar participating in this event with anyone else, nor will we send donor mailings on behalf of an complete privacy policy, visit www.braintumor.org/privacy .	
Please sign below to acknowledge the Waiver and Agreement to Release, Indemnify, and Hold Harmless, as well as the Privacy Policy.	
Participant Signature or Parent/Guardian Signature (if Participant is under 18)	Date