

## **Donation**

## Donate online at www.TeamBilly.org

Online donations are the most efficient way to give! If you are unable to donate online, please mail this completed form to: Team Billy, 38 Fifth Avenue, Saratoga Springs, NY 12866

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:(Never sold or exchanged)	Phone:		
DONATION INFORMATION			
Please accept my donation of \$ for:			
☐ Individual Walker/Rider. My gift counts toward the fundraising total of the	is participant:		
Individual's Name:			
Team Name (if applicable):			
☐ <b>Team.</b> My gift to the team will be credited through the Team Captain:			
Team Name:			
☐ <b>Donation.</b> My gift is for Team Billy in honor of Billy Grey.			
Matching Gift: Increase your gift!  Does your employer match gifts? Please ask your HR department or manage  PAYMENT TYPE	er about how to apply. The NB	TS Tax ID#/E	IN is 04-3068130.
☐ Check enclosed, payable to National Brain Tumor Society/Team Billy.			
☐ Charge my credit card \$			
Circle one: Visa / Mastercard / American Express / Discover			
Card #:	Exp. Date:	/	CVC #:
Please print name as it appears on card Sig	gnature of Cardholder		
PRIVACY POLICY			
National Brain Tumor Society values the trust you place in us. We will not sell, trade, o participating in this event with anyone else, nor will we send donor mailings on behalf complete privacy policy, visit www.braintumor.org/privacy.			
Please sign below to acknowledge the Privacy Policy.			