



## Donation Form

### Donor Information (please print or type \* indicates required field)

Name*	
Address*	
City*	
State*	
ZIP Code*	
Telephone* (home)	
Fax	
E-Mail	

### Donation Information

I (we) agree to donate a total of \$\_\_\_\_\_ to be paid:  
 \_\_\_ one time \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
 \_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ PayPal  
 Please DO NOT mail cash.

\_\_\_ MC \_\_\_ Visa \_\_\_ AMEX \_\_\_ Discover

Credit card number	
Expiration date	
Authorized signature	

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to: **24 Hours for Haiti, Inc.**

Please Mail Checks To:

#### 24 Hours for Haiti, Inc.

W6979 Fox Drive  
 Fond du Lac, WI 54937  
 Phone:414-940-0143  
 Fax: 920-933-2127