



DONATION FORM

THANK YOU for your support! Please fill out this form and return to the person you are sponsoring.

Name _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Credit Card \$ _____ Cash \$ _____

For Credit Card Payments, please complete the following as a payment coupon.

Please check method of payment: _____ MasterCard _____ Visa

Cardholder authorizes the payment of this invoice by the issue identified below, and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer:

Card Number:

Exp. Date _____ CVV code on back: _____

Amount to be charged: US\$ _____

Cardholder's Name: _____

Cardholder's Signature: _____

Please return this form to the person you are sponsoring.

IMR is a registered 501(c)(3). All contributions are tax deductible to the extent of the law. Many organizations match pledges by employees for charitable purposes. Please attach your employer's matching gift form to this sponsorship form. Thank you. You will receive a receipt documenting this charitable contribution. All pledges are nonrefundable. Thank you for your help.