



# DONATION FORM

If this donation is from an event, please indicate event name and organizer below:

Event Name: \_\_\_\_\_ Event Organizer: \_\_\_\_\_

## STEP 1: Donor Information

This gift is from a Business, Organization or School

OR

This gift is from an Individual

\_\_\_\_\_  
Name of Business, Org or School

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Name & Job Title

\_\_\_\_\_  
Recognition Name (if different than above)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

## STEP 2: Mailing Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_) \_\_\_\_\_

Phone Circle one: Home Work Mobile

\_\_\_\_\_  
Website

## STEP 3: Donation

DONATION AMOUNT:  \$1,000  \$500  \$250  \$100  \$50  Other \$\_\_\_\_\_

Check

Make checks payable to: Gold In September Charitable Trust

### DOUBLE YOUR IMPACT

Apply to your company for a matching gift.

\*If you received cash donations for your event, please write a check for that amount and keep the cash as reimbursement. Please don't send cash in the mail.

Check with your HR Department to see if your donation is eligible. Thank you!

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ CVV: \_\_\_\_\_

Donor Signature \_\_\_\_\_

To make a payment by phone, please call 262-346-5100.  
Donations are fully tax deductible to the extent allowed by law. EIN# 46-5000938

**Please return this completed form to:**  
**Gold In September Charitable Trust, 528D Wells Street, Delafield, WI 53018**