

## **MAIL-IN DONATION FORM**

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

**DONOR INFORMATION** 

Donor Name (First and Last Name):		
Organization Name (Fill this out only if you're making your donation on behalf of an organization):		
ADDRESS INFORMATION Address (If you're making this donation on behalf of an organizati	on, please provide the company's addres	s):
City:	State:	Zip Code:
Country:		
Email(optional):		
Telephone Number (optional):		□ Home □ Mobile □ Business / Organization
By providing your email address and/or phone number, you may ro You may unsubscribe at any time.	eceive news, alerts, and or tips for other w	ays to get involved.
I WANT TO SUPPORT		
Please designate your gift to one of the following:		
☐ Where It Is Needed Most: Help any school need big or small.	☐ In Memory of:	
☐ Specific District Project:  CTE Program, Facility Improvement, General/Admin.	Otner (please specify).	
PAYMENT OPTIONS		
One Time Gift Amount:		
<ul> <li>I'm enclosing my check made payable to the Bronco For</li> <li>Please indicate the name of specific project on the memory your check.</li> </ul>		
☐ I would like to remain anonymous		

Your questions and feedback are very important to us. Please feel free to contact us at broncofoundation.org or call 785-483-2173. Thank you for your support.