

## **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 Name and Last Name):		
Organization Name (Fill this out only if you're making your donation on l	behalf of an organization):	
ADDRESS INFORMATION Address (If you're making this donation on behalf of an organization, ple	ease provide the company's address):	
City:	State:	Zip Code:
Country:		
Email(optional):		
Telephone Number (optional):		Home or Mobile
By providing your email address and/or phone number, you may receive unsubscribe at any time.  I WANT TO SUPPORT	rilews, alerts, and or tips for other way	is to get involved. Tou may
Please designate your gift to one of the following:		
	☐ Other* (please specify):	
☐ Where It Is Needed Most: Help any school need big or small.	United (please specify).	
□ Specific District Project: CTE Program, Facility Improvement, General/Admin.		
PAYMENT OPTIONS		
One Time Gift Amount:		
<ul> <li>I'm enclosing my check made payable to the Bronco Foundat</li> <li>Please indicate the name of specific project on the memo line your check.</li> <li>Donate anonymously</li> </ul>		

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.