

Hand To Hand



Participant Donation Form

Organized by Friends in Need Foundation of
the Ellicott City Rotary Club &



Bucket #: _____ Organization: _____

Donor Information (please print or type)

Name	
Billing address	
City/State/Zip	
Telephone (home)	
Telephone (business)	
E-Mail	

Donation Information

I (we) are donating a total of \$_____

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

Credit card type (MC/V only)	
Credit card number	
Expiration date	
Authorized signature	
Authorization code	

*For donations by credit card, fax directly to 410-480-0956 (secured) or mail
to Friends in Need Foundation at PO Box 64, Ellicott City, MD 21041*

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded (*use duplicate of this form*)

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:

"Friends in Need Foundation" or "FINF"