ANNU
TSE 2 SPR

OFFLINE DONATION FORM

THIS DONATION IS FOR (participant name or team name),

B F SE 2 SP F	This gift is in honor of					
	Donor name(s)	Anonymous				
GIFT AMOUNT \$50 \$1	00 🗌 \$250 🗌 \$500	Other \$				
	ATION					
Name						
Street						
City		State/Province				
Zip/Postal Code		_Country				
Phone Number						
Email Address						
PAYMENT INFOR						
Credit Card Type	Visa Discover	American Express Master Card				
Credit Card Numb	er					
CVV Number	Expirat	ion Date				
lf a cash donai	tion is not received directly	to Base 2 Space by the donor, we cannot				

provide a tax acknowledgement.

Make checks payable to Space Needle Foundation and send completed form to:

Space Needle Foundation, 223 Taylor Ave. N Seattle, WA 98109

All donations are tax-deductible to the extent allowed by law. Our Tax ID number is 91-6013536

832 STEPS FOR MANKIND. One Step Closer to a Cure.



DONATION SUBMISSIONS

Please use this form to track checks, cash and credit card donations you send to Base 2 Space.

PARTICIPANTNAME DATE

	Donor recognition name (<i>can be</i> <i>anonymous)</i>	Donor name & address (address not needed if on check)	Email address and phone #	Cash/check or CC #, exp. date and CVV number	Gift amount
1					
2					
3					
4					
5					
6					

WHEN MAILING FORM PLEASE VERIFY THE FOLLOWING:

- 1. Participant's name is in the memo section on all checks: we suggest you make copies of the checks for your records.
- 2. Checks should be payable to Space Needle Foundation; if check is made out to you, please endorse for deposit by Space Needle Foundation.
- 3. You have included an expiration date and CVV for all credit cards.
- 4. You have provided donor email addresses or home address so Space Needle Foundation can send them a tax receipt for their donation.
- 5. If you are sending a donation that is shared among several participants please note name and amount of credit per person.

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