

## OFFLINE DONATION FORM

General donation to Base 2 Space

D U					
2 5 P P	This gift	t is in honor of			
	Donor n	name(s)			Anonymous
GIFT AMOUNT					
\$50 \$100	\$250	\$500	Other \$		
BILLING INFORMA	TION				
Name					
Street					
City			State/Province	e	
Zip/Postal Code			Country		
Phone Number					
Email Address					
PAYMENT INFORM	IATION				
Credit Card Type	Visa	Discover	American Express	Master Card	
Credit Card Number	r				

This donation is for (participant name or team name)

If a cash donation is not received directly to Base 2 Space by the donor, we cannot provide a tax acknowledgement.

CVV Number \_\_\_\_\_ Expiration Date \_\_\_\_

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

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

Space Needle Marketing Department Attn: Base 2 Space 1050 W. Ewing Street Seattle, WA 98119

MNUA	<b>OFFLINE</b>	DONATION	N FORM
	Please use this form to track	checks, cash and credit card donatio	ns you send to Base 2 Space.
B P C S S P P	PARTICIPANT NAME		_ Date

	Donor recognition name	Donor name & address	Email address and phone number	Payment info 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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