



MAIL-IN DONATION FORM

Thank you for your generous gift.

GIFT INFORMATION

Donation Amount: \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Name _____

Address _____ City _____ State _____ ZIP Code _____

Email Address _____

(OPTIONAL) Please provide your phone number so we can reach you, if necessary, with questions regarding your donation.

Phone Number _____

My donation is enclosed. Please make checks payable to Thomas Gaiter Foundation

**1701 Pennsylvania Ave. NW
Suite 200
Washington, DC 20006**

Please charge my:     in the amount of \$ _____

Credit Card Number _____

CSC Code _____ Expiration Date _____

Name on Card _____

Signature _____

HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is in honor of or in memory of _____

Please complete the following if you would like an acknowledgement card sent to the honoree or family:

Recipient Name _____

Address _____ City _____ State _____ ZIP Code _____

Your Personal Message _____