

DONOR INFORMATION

First Name: _____ Last Name: _____
Street Address 1: _____
Street Address 2: _____
City: _____ State/Province: _____
Postal / ZIP Code: _____ Country: _____
Phone: _____ Email: _____

Monetary Donation: Amount Of Donation: \$ _____ (US Dollars)

Non-Monetary Donation: Estimated Value of Donation: \$ _____ (US Dollars)

Describe or List Donation
(Use additional sheets if
necessary)

PAYMENT INFORMATION (Please select form of payment below)

Check or Money Order (Payable to The Michael & Mauritia Patcha Foundation)

Credit Card

Credit Card Type: _____

Credit Card Number: _____ CSV: _____

Credit Card Expiration Date: _____ / _____ (month/year)

Full Name on Card: _____

Billing Street Address: _____

Billing City, State, ZIP: _____

Authorized Signature: _____ Date Authorized: _____

IN HONOR OF (Only if honorary or memorial gift)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____

Postal / ZIP Code: _____ Country: _____

Print and fill this form, and mail or fax it to:
(Include a check, money order, or credit card information when making a monetary donation)

The Michael & Mauritia Patcha Foundation
2901 Cabin Creek Drive, Burtonsville, MD 20866
Phone / Fax 301 850 2991

THANK YOU FOR YOUR SUPPORT!