

**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!**