MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift

DONOR INFORMATION

Donor Name (First Name and Last Name): Organization Name (Fill this out only if you're making your donation on behalf of an organization): **ADDRESS INFORMATION** Address (If you're making this donation on behalf of an organization, please provide the company's address): City: _____ State: ___ Zip Code: _____ Country: _____ Email: Telephone Number (optional): By providing your email address and/or phone number, you will receive news and other ways to get involved with Big Papi's Kids. You may unsubscribe at any time. I WANT TO SUPPORT... Please designate your gift to one of the following: ☐ Where It Is Needed Most: Support all of the needs of Big Papi's Kids. Transportation: Make education accessible to all. ☐ Technology: Open a window to the world for all students. Gift Amount: \$ _____ ☐ I'm enclosing my check made payable to *Big Papi's Kids*. Please mail this completed form with check to:

Big Papi thanks you for your support.

Big Papi's Kids | 854 Arbor Chase Dr. | Wildwood, MO 63021