



FINANCIAL DONATION FORM

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

EMAIL: _____

TELEPHONE: _____

Enclosed is a check for \$ _____

Please charge my credit card for \$ _____

AmEx Visa Mastercard Discover (circle one)

Card #: _____

Name as it appears on the card: _____

Expiration Date: _____ Security Code: _____

Billing Address (if different from above):

Please list my contribution in the event program as follows:

Please do not list my name in the event program.

Please send an acknowledgement card to:

Name: _____

Address: _____

City, State, ZIP Code: _____

Do you want to be added to our email mailing list? Yes No

Dream Rides 4 Kids does not share or sell its donor information.

Please print and complete this form and email or submit your check to:

Dream Rides 4 Kids

50 Palatine #404

Irvine, CA 92612

All contributions to Dream Rides 4 Kids are tax-deductible to the extent provided by law.

Thank You!