Suburban Hockey FOUNDATION

DONATION FORM

MAIL COMPLETED FORM TO 23995 FREEWAY PARK DR • FARMINGTON HILLS, MI 48335

DONATION AMOUNT: $ _____ ❑ Monthly ❑ One-time

BILLING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

❑ Donate by check: Mail check and form to 23995 FREEWAY PARK DR • FARMINGTON HILLS, MI 48335

❑ Donate by credit card:
Please charge my credit card with my contribution of: $_____ (All amounts will be charged in US dollars)

Circle card type

MasterCard VISA AMERICAN EXPRESS DISCOVER

Please print card # using black or blue ink

Exp. Date (MMYY)

❑ I would like to add to my donation to help offset the cost of processing fees (approx. 3%)

Name on card: _____
Please print name clearly

Authorizing signature _____

ARE YOU DEDICATING THIS DONATION?

❑ No

❑ Yes, my donation is in honor of _____ *Name of individual*

❑ Yes, my donation is in memory of _____ *Name of deceased*

Would you like Suburban Hockey Foundation to send a card to someone as notification of your honor or memorial donation? Your gift amount will not be included in the card.

❑ No, do not send a card.

❑ Yes, send a card to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Personal message *(maximum of 120 characters)* _____

_____

_____