



# DONATION FORM

Full Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

Check  
*made payable to UMMS Foundation (add Maryland Half Marathon & 5K to memo line)*

Credit Card

Visa     Mastercard     American Express     Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

In Recognition Of (participant's name):

\_\_\_\_\_