



Mika Hasler Competition

Donation Form

Name _____

Address _____ City, State ,Zip _____

Phone _____ E-Mail _____

Name as you would like it to be listed on promotional materials:

I would like my gift to be anonymous

Check # _____

Cash

Card

Total Gift Amount _____ Date _____

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Thank you for your support!