



## DONATION FORM

### MAIL COMPLETED FORM AND DONATION TO:

Rainbows United, 409 N. Main Street, El Dorado, KS 67042

#### DONOR INFORMATION

First Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

☐ This donation is on behalf of \_\_\_\_\_

☐ I would like to remain anonymous.

#### DONATION AMOUNT

\$ \_\_\_\_\_

☐ Please do not display my donation amount

#### DONATING TO

☐ Please credit my donation to the fundraising efforts of (individual or team name)

\_\_\_\_\_  
☐ This is a general event donation

#### PAYMENT METHOD

☐ CHECK (Made payable to Rainbows United)

☐ CASH

