



DONATION FORM

Please Print Clearly

First Name _____ MI _____ Last Name _____

Company Name _____ Title _____

Address _____ P.O./Suite _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell: _____

E-Mail Address _____

Contribution – In Memory Of: _____

Contribution – In Honor Of: _____

Payment Options: \$25 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 ___ Other \$ _____

Payment by Check: Yes ___ No ___ If Yes, Please make payable to the following:

Jim's Team 4 Diabetes Foundation

10956 Johnson Street NE

Blaine, MN 55434

Payment by Credit Card: Visa ___ MasterCard ___ Discover Card ___

Name on Card: _____

Card Number: # _____ / _____ / _____ / _____ /

Exp. Date: _____ / _____ 3-Digit Security Code: _____ Zip Code for Card: _____

JIM'S TEAM 4 DIABETES FOUNDATION – DONATION FORM

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I hereby grant permission for Jim's Team 4 Diabetes Foundation to make my donation public: Yes _____ No _____

I respectfully wish that my donation be kept private: Yes _____ No _____

I would like your Foundation representative in Financial Wealth Management to contact me personally to discuss opportunities for my donation to Jim's Team 4 Diabetes Foundation.

My preferred method for contact is: Cell Phone _____ E-Mail _____

(No Goods or Services were provided with my donation to Jim's Team 4 Diabetes Foundation. Jim's Team is a not-for-profit 501(c)(3) Foundation approved by the IRS through EIN Number #87-3209358. Contributions, therefore, are deductible to the extent permitted on federal and state income tax returns)