

## Donor Information

Title:

First Name:

Last Name:

Company Name:

Address Line 1:

Address Line 2:

City:

State:

Postal Code:

Email Address:

Phone Number:

## Payment Information

Payment Method: (Credit Card/Debit Card)

Cardholder's Name:

Credit Card Number:

CVV Number:

Credit Card Type: ( Discover; MasterCard; VISA; American Express)

Credit Card Expiration:

## Billing Information

Check this box if billing and contact information are the same. If not, please fill out the information below:

Address Line 1:

Address Line 2:

City:

State:

Postal Code:

Country:

## Matching Gift Information (Optional)

Do you work for a company that will match your gift to Opportunities Unlimited of Niagara Foundation?      Yes      No

Company Name:

Matching Gift Amount:

## Tribute and Memorial Information (Optional)

To make your gift in honor or in memory of someone special, please check tribute type and enter the person's name next to Tribute Name. If you would like us to notify your honoree or the family/friend of the person you are remembering, please enter the honoree or family/friend next to Acknowledgment Name, along with their Address.

Tribute Type: (      In Honor of;      In Memory of)

Tribute First Name:

Tribute Last Name:

Acknowledgement First Name:

Acknowledgement Last Name:

Address Line 1:

Address Line 2:

City:

State:

Postal Code:

Special Instructions: