



# Manhattan Optimist Foundation DONATION FORM

## My Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone/Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ I would like to donate

\_\_\_ \$ 50    \_\_\_ \$1000  
\_\_\_ \$100    \_\_\_ \$2500  
\_\_\_ \$250    \_\_\_ \$5000  
\_\_\_ \$500    \_\_\_ Other \$ \_\_\_\_\_

\_\_\_ Pledge a total amount of \_\_\_ Please Remind me

\$ \_\_\_\_\_ to be paid over \_\_\_\_\_ years:  
\$ \_\_\_\_\_ Monthly Amount  
\$ \_\_\_\_\_ Quarterly Amount  
\$ \_\_\_\_\_ Yearly Amount

## Designate my donation as follows

\_\_\_ Unrestricted

\_\_\_ Other (please specify):

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

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

## Tributes (please complete all that apply)

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

From (if different than above) \_\_\_\_\_

Please notify the individual or family indicated below that a gift was made in honor/memory

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**The Manhattan Optimist Foundation is a 501(c)(3) charitable organization. Contributions are tax-deductible to the extent allowed by law.**

Please Make Checks Payable To and Return To:

**Manhattan Optimist Foundation**  
**P. O. Box 623**  
**Manhattan, KS 66505-0623**

Office Use Only:  
Check Date: \_\_\_/\_\_\_/\_\_\_  
Check No: \_\_\_\_\_