



5K4MJ Donation Form
2013

Personal Information:

* First Name: _____ *Last Name: _____

Organization: _____

*Address : _____

Address 2:: _____

*City: _____ *State: _____ *Zip: _____

Phone: _____ Email: _____

Gender: ___ Male ___ Female ___ NA Date of Birth: ___ / ___ / ___ (DD/MM/YYYY)

Amount: \$ _____

Donation Type: Cash ___ Check (made payable to 5K4MJ) ___

Signature: _____ **Date:** _____

Mail to:

Attn: 5K4MJ
1203 South Parker St.
Olathe, Kansas 6606

Thank you for your contribution. You are greatly appreciated!

5K4MJ is a registered 501c3 non-profit organization. Tax ID #45-5054162.

Once your donation is received, 5K4MJ will mail you a donation receipt.