



Donation Form

The Blaszczykiewicz Foundation

Dedicated to increasing survival from brain tumors in Western New York

I (we) agree to sponsor (climbers name)

In the amount of:

Check box for permission to use your name on our website as a sponsor

Donor Information (please print)

| | |
|-----------------------|--|
| Company | |
| Contact Name | |
| Billing address | |
| City, State, Zip Code | |
| Telephone | |
| Fax | |
| E-Mail | |

Pledge Information

| | |
|----------------------|--|
| Credit card type | |
| Credit card number | |
| Expiration date | |
| Authorized signature | |

Acknowledgement Information

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please make checks, corporate matches, or other gifts payable to:

The Blaszczykiewicz Foundation
160 Bud-Mil Drive
Buffalo, NY 14206

----- Cut and save for your receipt of donation -----

Receipt for Donation Contributor's copy for tax records

| | |
|----------------|--------------------------------------|
| Received from: | The Blaszczykiewicz Foundation |
| Address: | 160 Bud-Mil Drive, Buffalo, NY 14206 |
| Date: | |
| Amount: | |

Thank You!

The Blaszczykiewicz Foundation is a
501c3 non-profit status // Federal ID # 20-8367711

