



INDIVIDUAL DONATION FORM

This form should be completed by the donor and sent directly to Tackle Kids Cancer at
Tackle Kids Cancer, c/o HackensackUMC Foundation, 160 Essex, Ste 101, Lodi, NJ 07644

My gift is in support of:

Team Name: _____

Participant Name: _____

Gift Amount: _____ Gift Date: _____

Donor Information

Name: _____

Address: _____

City / St / Zip: _____

Phone: _____

Email: _____

Payment Information

Check Check #: _____ *Make checks payable to HackensackUMC*

Credit Card

AMEX

VISA

MasterCard

Discover

Card Number: _____

Security Code (CVV): _____ Expiration Date: _____

Name (as it appears on the card): _____

Tribute Information (if applicable)

In Memory of

In Honor of

In Appreciation of _____

Please notify the following of this gift:

Name: _____

Address: _____

City / St / Zip: _____

Complete this form and mail to Tackle Kids Cancer, c/o HackensackUMC Foundation, 160 Essex, Ste 101, Lodi, NJ 07644