



## Donation Form

**Donor:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date of Gift:** \_\_\_\_\_

**Gift Amount:** \_\_\_\_\_

**Gift Type:**

\_\_\_\_\_ **Cash/Check**  
\_\_\_\_\_ **Pledge (Amount per year \$ \_\_\_\_\_ Number of Years \_\_\_\_\_)**  
\_\_\_\_\_ **Ongoing Monthly Donation Amt. \$ \_\_\_\_\_ Date of Month for Gift \_\_\_\_\_**  
\_\_\_\_\_ **TeamMates Foundation**  
\_\_\_\_\_ **Stock**  
\_\_\_\_\_ **Other**  
\_\_\_\_\_ **Gift In-Kind**  
\_\_\_\_\_ **Scholarship-Name of \_\_\_\_\_**  
\_\_\_\_\_ **Description: \_\_\_\_\_**  
\_\_\_\_\_ **Memorial Gift**  
\_\_\_\_\_ **In memory of : \_\_\_\_\_**

**Percentage of Gift Distribution:**

\_\_\_\_\_ **to TeamMates Local Chapter (Chapter Name \_\_\_\_\_)**  
\_\_\_\_\_ **to TeamMates Statewide Mentoring Program**

**All gifts of \$250 or more will be listed in the TeamMates Annual Report.  
Please indicate how you would like to be listed.**

**Please forward this form along with your donation to:**

TeamMates Mentoring Program of Lincoln  
5905 "O" Street  
Lincoln, NE 68510

402-436-1990 or Fax 402-436-1948

*or give online at <http://www.lincolnteammates.org/involved/support.htm>*

TeamMates is a 501(c)3 non-profit.

**Thank you for your donation to TeamMates Mentoring Program!**