



DONOR INFORMATION

First Name: _____ Last Name: _____
and/or
Organization/Company Name: _____
Address 1: _____ Apt/Unit/Suite: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Telephone: _____

PAYMENT INFORMATION

[] VISA [] MasterCard [] AMERICAN EXPRESS [] DISCOVER
Credit Card # _____
Expiration Date: _____ (MM/YY)

Donation Type: [] Individual [] Company or [] Group Donation

Cardholder Name: _____
CC Billing Address: _____
(Must Use Credit Card Billing Address for processing)
Signature: _____

Donation Amount: \$ _____
Check Number: _____
Make Checks Payable to:
'Marine Toys for Tots Foundation'

Honor/Memory (Please send acknowledgement card to):

[] Honor (living person) / [] Memorial (deceased person)

of: _____
[] No card requested

Recipient Name/Organization: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Message to recipient: _____

Request to add my name/address to: [] Mailing List [] TFT Email or [] Both

Mail completed form to:
Marine Toys for Tots Foundation, Attn: Gift Processing Administrator, 18251 Quantico Gateway Drive, Triangle, VA 22172-1776
Questions: info@ToysforTots.org