



DONATION FORM

Full Name: _____

Organization Name (if applicable): _____

Billing Address: _____

Phone: _____

Email: _____

Gift Amount: \$ _____

Check
made payable to UMMS Foundation/Maryland Half Marathon

Credit Card

Visa Mastercard American Express Discover

Credit Card Number: _____

Expiration Date: _____ Card Security Code: _____

Name on Card: _____

In Recognition Of (put runner's name here):
