

YOUR SUPPORT MAKES A DIFFERENCE.

Amount: □ 9	\$500 🗆 \$	\$200 □\$100 □\$50 □\$20 C	other \$
Donation Red □Once □M		How often are you giving this dor ⊐Annually	nation?
Payment Me	losed	vyan Marathan Charitable Corneration	
Send Invoid		ron Marathon Charitable Corporation)	
Li Sena invoid	ce	Name on Card:	
□Amex	□MC	Credit Card #:	
□Discover	□Visa		Security Code:
Gift Designa Select-Other		fy a fund that is not listed.	
□Blue Line C	Champion (Circle □General Operating □	1Sponsorship
□COVID-19 Relief Fund □Innovation Fund □Other:_			10ther:
□Endowmer	nt Fund	□Runner Scholarships №	latching Gift Company:
		-	List company that will match your gift.
Your Inform	ation:		
Name:			
Address:			I hank you for your
			Please print, complete
City: Zip:		and mail to:	
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Is this donati		es 🗆 No Charitable Corporation	
Title:			is a tax-exempt, 501 (c)(3) charitable organization.
Name:			Ci lai Itable di gai lization.
Name Suffix:			