
AKRON MARATHON

CHARITABLE CORPORATION

YOUR GIFT

Donation Amount: \$500 \$200 \$100 \$50 \$20 Other \$ _____

Donation Recurrence. How often are you giving this donation?

Once Monthly Annually

Payment Method:

Check Enclosed

(Make check payable to: Akron Marathon Charitable Corporation)

Send Invoice

Amex

Name on Card: _____

Discover

Credit Card #: _____

MC

Expiration Date: _____ / _____ Security Code: _____

Visa

Signature: _____

Gift Designation:

Select-Other-to specify a fund that is not listed.

20-Year Celebration: _____
Level

Blue Line Champions Circle

Endowment Fund

General Operating

Innovation Fund

Runner Scholarships

Race Sponsorship Level: _____
Level

Other: _____
Level

Matching Gift Company:

List company that will match your gift.

Your Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Mobile: _____

Is this donation in honor or memory of someone? Yes No

Title: _____

Name: _____

Name Suffix: _____