

Donation Form

Please complete and return this form with your check or credit card information. A donation receipt will be mailed to you. Alternatively, you can make a donation online. If your company participates with an **Employer Matching Gifts Program**, please consider enlisting P.O.P.S.I.C.L.E. Center as a recipient. Contact us for details! P.O.P.S.I.C.L.E. Center is a 501(c)(3) non-profit organization (Tax ID: 20-8095826).

1. **Pay online:** <http://www.popsicle.org/help-us>

2. **Pay with check:** Please make check payable to P.O.P.S.I.C.L.E. Center

3. **Pay with card:** Please complete the information below

(Please print clearly)

Name: _____

Daytime Phone: _____ Evening Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

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(All credit card information will be shredded)

Name as it appears on your credit card: _____

Donation Amount: \$_____ ☐ Monthly* ☐ One Time

Credit Card: ☐ Discover ☐ Amex ☐ Visa ☐ MasterCard

Card Number: _____ Expiration Date: _____

Security Code: _____ Email: _____

(3 digit number on back of card or 4 digit on front of American Express)

Signature: _____

Thank you so much for your support!

*Recurring charges will draft on the 22nd of each month. If the 22nd falls on a weekend or holiday, the account will be charged on the first following business day. This will remain in effect until P.O.P.S.I.C.L.E. Center has received written notification of its termination. Each calendar year requires a new authorization form to be submitted.