

Donation Form

CHAPTER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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Please mark the appropriate department for your donation. Mail this form with your check to: **JDRF PO Box 5021 Hagerstown, MD 21741-5021.**

Or write the chapter name in the memo line or above your name/address information on your check and mail to the above address.

WALK

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MAJOR
GIFTS

PLANNED
GIFTS

GENERAL

WRITE HERE
OR HERE

A sample check form with a light blue background and a decorative border. The fields are: CHAPTER NAME (top left), 1027 (top right), DATE (top right), PAY TO THE ORDER OF (middle left), \$ (middle right), DOLLARS (bottom right), FOR CHAPTER NAME (bottom left), and a MICR line at the bottom: ⑆ 22222222 ⑆ 000 111 555 ⑆ 1027. A large blue 'Sample' watermark is overlaid diagonally. Two blue arrows point from the text 'WRITE HERE OR HERE' to the 'CHAPTER NAME' and 'FOR CHAPTER NAME' fields.