



**SANTA BARBARA
TRIATHLON**

Donor Contribution Sheet

THANK YOU!

Please fill out this form completely.

All donations are tax deductible.

You will receive a letter of acknowledgement for tax purposes.

MATCHING GIFTS

Many companies provide their employees with matching gifts or pledges.

Please check with your employer for their special guidelines.

MAIL THIS FORM WITH PAYMENT TO:

Santa Barbara Triathlon
P.O. Box 215
Santa Barbara, CA 93102

Phone: (805) 682-1634

www.santabarbaratriathlon.com

CHECKS PAYABLE TO:

Foodbank of
Santa Barbara County

I would like to donate in the name of:

Triathlon Participant Name OR Team Name
 This information is necessary in order to credit the fundraiser/athlete for their fundraising effort.

Step One – Donor Information

Please fill out your contact information below: (please print)

 Last Name First Name MI

 Business Name (for business donations only)

 Mailing Address Suite/Apt. #

 City State Zip

 Phone Number Email Address

Step Two – Donation Amount

I will pledge to help you fundraise to end hunger and banish malnutrition:

I will pledge \$_____

Step Three -Payment

Personal Check (please make all checks payable to Foodbank of Santa Barbara County.

Visa MasterCard

 Account Number Exp. Date Signature

The information gathered on this form will not be sold, rented or shared with any organization other than the Santa Barbara Triathlon and Foodbank of Santa Barbara County. Any necessary contact will be related to this event only.