



**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.

**CHECKS PAYABLE TO:
PARC**

**MAIL THIS FORM WITH
PAYMENT TO:**

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

Phone: (805) 682-1634

www.santabarbaratriathlon.com

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 \$_____

Step Three -Payment

Personal Check (please make all checks payable to:
PARC

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 beneficiary. Any necessary contact will be related to this event only.