



# TRIBUTE GIFT DONATION FORM

## TRIBUTE INFORMATION

In Honor Of  In Memory Of

Tributee Information:

I am making a tax-deductible gift of \$ \_\_\_\_\_ (USD)

(Donation amount is not disclosed on tribute card)

### DONOR INFORMATION (Your information)

First Name:		
Last Name:		
Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

### ACKNOWLEDGEE (Person to send Tribute Card To.)

First Name:		
Last Name:		
Address:		
City:	State:	Zip:

## PAYMENT METHOD

<input type="checkbox"/> Check Enclosed	Please make check out to: Bottoms Up Organization		
<input type="checkbox"/> Credit Card	Select Type of Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
		<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Number:			Expiration Date: _____ CSV Code: _____
Signature:			Date:

### PLEASE MAIL THIS FORM AND PAYMENT TO:

Bottoms Up Organization  
ATTN: Tribute Gifts  
35 East Main Street, Suite 167  
Avon, CT 06001

Bottoms Up Organization is a 501 (c)(3) non-profit, volunteer-driven public charity dedicated to establishing funds to help patients and families with covering expenses associated with IBD such as health care costs, hotel stays, meals, gas, and much more.