



Offline donation form

City Team Captain(s): _____ City Team: _____

Donor Info:

Donor Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information:

- Please accept my enclosed check (*checks payable to Hark*)
 - Please use the information below to bill my credit card for the amount \$ _____
- CC type Visa MC Amex Discover
- Card Number _____ Exp _____ CVV _____

Is this a monthly donation? Yes No

Thank you for your donation!

HARK

PO Box 6627

Hillsborough, NJ 08844

HARK is a recognized 501 c 3 charity, all donations are tax deductible

Tax ID# 45-2768674