

Donation Form



Dylann's Dash is a charity 5K event whose mission is to raise money for the non-profit organization, Arthrogryposis Multiplex Congenita Support, Inc. (AMCSI), in an effort to continue to raise awareness and support for those with arthrogryposis.

Donor Information

Name _____

Billing address _____

City, ST Zip Code _____

Phone _____

Email _____

Donation Information

I (we) donate a total of \$_____ to Dylann's Dash.

This contribution is in the form of: cash check

I (we) donate an item or services** with an estimated value of _____ to Dylann's Dash.

Description of Item or Service _____

**If item is needing pick up, please complete this form and contact Jennie at 612-280-1608 to arrange a pick up.

I (we) wish to have our gift remain anonymous.

I would like Dylann's Dash to have advertising materials used during the event for our company.

Business Cards included Advertising included Brochure included Other information included

For company donations: I agree to have our logo used for advertising on the race website and/or shirts.

Signature(s)

Date

Please make checks payable to: Dylann's Dash

Dylann's Dash
PO Box 264
St Bonifacius, MN 55375