

# 2011 Team IJM

## Donation Form

Donor Name: \_\_\_\_\_

Donor E-mail: \_\_\_\_\_

Donated Amount & Method of Donation:

- \$ \_\_\_\_\_ On-Line
- \$ \_\_\_\_\_ Check *(Please mail checks to: Team IJM, P.O. Box 1348, Issaquah, WA 98027-0055)*
- \$ \_\_\_\_\_ Other *(Please specify.)* \_\_\_\_\_

Please indicate the 2011 Team IJM member on whose behalf you are donating:

---

*(If left blank, support will be on behalf of 2011 Team IJM)*

***Thank you for your support!***