

**Step Out: Walk to Stop Diabetes
Offline Donation Form**

Event Name: Portland Step Out
Participant Name: Mr. Scott David Hanselman
Participant Team Name: Team Hanselman
Participant Cons ID: 2784611

Donor Name: _____

Donation Amount: _____

Check number: _____

*please enclose check made out to the American Diabetes Association

- OR -

Credit Card Information

Visa Mastercard American Express Discover

Credit Card #: _____

Expiration Date: _____

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

I have also applied for a Matching Gift with this donation.

* Please enclose all applicable forms.

Please mail to the below address. Be sure to notify the participant that you are making a contribution on their behalf and sending it directly to ADA.

American Diabetes Association
ATTN: Portland Step Out
4380 S.W. Macadam Avenue
#210
Portland, Oregon 97239

FOR INTERNAL USE ONLY

Submittal: _____

Shipment: _____

*Please note that after processing, your donation amount, but not your name, will be added to the participant's total.