

**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.