



BUZZ OFF SPONSOR DONATION FORM

Please have sponsors make checks payable to **One Mission**. Contributions are tax deductible to the extent allowed by the Internal Revenue Code.

Buzzee Name (First/Last): _____

Email: _____

Phone: _____

	Sponsor Name	Sponsor Address	City, State, Zip	Sponsor Phone	Sponsor Email	Amount Donated
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$
13						\$
14						\$

Remit this donation form (include your name/phone #) along with collected checks to:

One Mission, 69 Milk Street, Suite 300, Westborough, MA 01581

Offline donations will be applied to fundraising totals within 7-10 business days of receipt.

Duplicate as needed

Heads Shaved. Money Raised. Lives Changed.