



Offline Donation Form

Donor Information: (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please Indicate Your Donation Amount Below:

*Please make checks payable to Back on My Feet*

\$500  \$250  \$100  \$50  \$25  Other \_\_\_\_\_

Please Indicate Your Chapter City Designation: (optional)

**ATL | AUS | BALT | BOS | CHI | DAL | DC | INDY | LA | NYC | PHL | SF**

Participant Information (for donations to a fundraising event/participant)

Name \_\_\_\_\_

Event \_\_\_\_\_

Thank you so much for your contribution!

Please mail this completed form, along with your check, to Back on My Feet National Headquarters. Please be sure to notify the participant (fundraising) that you are making a contribution towards their goal. Please also notify if you are making the donation in honor /memoriam.

Back on My Feet  
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