

# Donation Receipt: Hunger Clean-Up

## Instructions

1. Please fill out the form below.
2. Please fax the form to **414-288-3149**.

Questions? Contact the Center for Community Service at (414) 288-1412.

Thanks for your support!

<b>Donor name</b>	
<b>Billing Address</b>	
<b>City</b>	
<b>State and Zip Code</b>	
<b>ZIP/Postal code</b>	
<b>Credit Card Number</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date (Month/Year): <div style="border: 1px solid black; width: 300px; height: 20px; margin: 5px 0; text-align: center;">             -                      -                      -         </div>
<b>Telephone</b>	(     )
<b>Total donation amount</b>	\$
<b>Marquette Alumni</b>	<input type="checkbox"/> Yes     Year of Graduation:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_