



Players Trust Mail In Donation Form

Please print this form and complete the information below so we can process and recognize your gift.

Donor Information

Donor Name (Print First and Last Name) _____

Organization Name *(Fill this out only if you are making a donation on behalf of an organization)*

City: _____ State: _____ Zip Code: _____

Country: _____

Payment Options:

- ☐ I'm endorsing my check made payable to the **Players Trust** in the amount of \$ _____
- ☐ Please charge my credit/debit card:
- ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Amount to be Charged: \$ _____

Cardholder's Name _____

Card Number: _____

Expiration Date: _____

Signature: _____

- ☐ I would like to keep my gift anonymous

Please send this completed form to:

Players Trust | 1325 Avenue of the Americas 29th Floor | New York, NY 10019

The Players Trust is a 501 c(3) nonprofit organization, EIN #: 13-3843389