



*Driving for independence!*

## Donate by Mail

*Mail completed form and payment to the address below. Thank you for your support!*

I want to support TRAIL in providing transportation for adults with developmental disabilities.

Enclosed is my check payable to TRAIL in the amount of:

\$100     \$75     \$50     \$25     \$10     Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My gift is by credit card: Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_



My gift is made:     in honor of    or     in memory of    \_\_\_\_\_

Please notify the following individual (s) of my gift:

Name (s): \_\_\_\_\_

.

Address: \_\_\_\_\_

.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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