Jump and Schout Foundation

YOUR INFORMATION				
Title Name	*			
Address*				
City*	State*	Zip*	Country	
Dhana*	Fmail			(If outside the United States)
Phone*	EIIIdII			
GIFT INFORMATION				
Gift Amount* \$	Payme	nt Type: 🗖	Check/Money Order 🗖	Credit/Debit Card Type of
<i>Gift</i> : □In Memory Of □In Ho	nor Of □In Support Of □	General Dor	nation	
(Enter the name of the person that your	gift is in honor or memory of or the	name of the eve	nt you are supporting, if applicable	
If you are using a credit or de	hit card, please select typ	e of card an	d enter the information b	elow:
Card Type: ☐ Visa ☐ Mas				
Name on Card				
Billing Address				
City				
(If outside the United States)				
Card Number		Exp. Da	te Se	curity Code
(3 digit # on back of Visa & MasterCard or 4 di	git # on front of American Express)			
FAMILY/FRIEND NOTIFICAT	ION (optional)			
Fill out this section if you wou	uld like notification of this	gift sent to	someone other than the i	individual you listed. Pleas
give the appropriate name ar	nd mailing information. Gi	ft amount w	ill not be disclosed.	
Name				
Address				
City				
(If outside the United States)				
Message				
Please check this box if dor	or wishes to remain and	onymous 🗆]	
Матсніма Giғтs: If your emp	loyer has a matching gi	ft program,	, you can increase the v	alue of your donation.
Request a matching gift for			· ·	•

Please fill out and return this page, along with your payment, to:

Jump and Schout Foundation, 500 W. Central Ave. Suite B, Brea, CA 92821

If you have any questions, please contact us at

foundation@jumpandschouttherapy.com or 714-529-5022.