



### General Information (please print)

Name \_\_\_\_\_

Company \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Donation Information

I (we) donate a total of \$\_\_\_\_\_. **\*Supporting the Delaware Burger Battle**

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ credit card ☐ other.

Credit card type \_\_\_\_\_

Credit card number \_\_\_\_\_

Exp. Date | Security Code \_\_\_\_\_

### Acknowledgement Information

*Thank you for your donation to the Delaware ProStart Program. We are a 501(c)3 nonprofit foundation, and your donation is tax-deductible.*

Please use the following name(s) in all acknowledgements: \_\_\_\_\_  
(Tax Deductible Letter)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to Delaware Restaurant Association Educational Foundation:

Delaware Restaurant Association Educational Foundation  
P.O. Box 8004  
Newark, DE 19714  
**Call: (302)738-2545**  
**Fax: (302)738-2546**