



2017

Tournament of Roses® Parade Float Donation



OTAC Membership ID No. _____

One form per person/company. Please type or print clearly. Incomplete forms cannot be processed.

CONTRIBUTION AMOUNT: \$10.00 \$25.00 \$50.00 \$75.00 \$100.00 Other \$_____

Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Telephone _____

PAYMENT OPTIONS: CHECK ONE

- Cash
 Check Make checks payable to OTAC
 MasterCard Visa AMEX

Credit Card Number _____

Exp Date _____ VCode _____

Cardholder Name _____

Cardholder Signature _____ Date _____

Donation are not deductible as a charitable donation.