

# DONOR FORM

It's easy and fun to give through Old Bill's Fun Run for Charities. When you give, a percentage match from the Community Foundation means your gift will make an even greater impact in Jackson Hole.

In the past twenty years Old Bill's has raised over \$133 million for local organizations!

## HOW TO GIVE:

1. Fill out the **Red Donor Form** on the reverse side.
2. From the attached list of eligible organizations, fill in the names and amount you want to designate to each.
3. Total all your contributions and write one check payable to the Community Foundation of Jackson Hole.
4. Deliver to the Community Foundation or donate at [www.oldbills.org](http://www.oldbills.org) by 5pm, September 15.
5. Please notify the Community Foundation of all gifts of stock.

## IT'S THAT EASY!

The Community Foundation of Jackson Hole processes your gift, mails a tax receipt, and passes along 100% of your contribution to the organizations you chose.\*

The attached list includes nonprofits registered by May 19, 2017. A final list of all eligible nonprofits can be found after September 1, 2017 at [www.oldbills.org](http://www.oldbills.org). If a nonprofit you want to support is not listed, please contact the organization directly to confirm its participation.

Gifts accepted from August 1 through September 15, 2017 at 5pm.

\* All donations are subject to the Community Foundation's variance power. If your chosen nonprofit does not qualify or register, your gift will go into a fund that makes grants in a similar area.

To ensure your gift is fully tax deductible, you may not receive any goods or services in return for your contribution.

Tax ID #83-0308856

Mail or deliver completed form(s) to:  
Community Foundation of Jackson Hole  
P.O. Box 574 • 245 E. Simpson Avenue  
Jackson, WY 83001 • 307-739-1026

# DONOR FORM

OFFICE USE ONLY

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

*All donor information, including email address, will be provided to participating organizations unless otherwise requested below.*

Please send me more information about the Community Foundation.

## THIS GIFT IS FOR:

ORGANIZATION (as listed)	AMOUNT
I want to give to the Match*	\$ _____
	\$ _____
PRINT	\$ _____
ELIGIBLE	\$ _____
ORGANIZATIONS	\$ _____
HERE	\$ _____
	\$ _____
ATTACH ADDITIONAL FORMS	\$ _____
IF NEEDED	\$ _____
	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

\*Friends of the Match join Mr. & Mrs. Old Bill and Co-Challengers to provide the matching grants nonprofits receive through Old Bill's.

**All donations must be received by 5pm,  
Friday, September 15, 2017.**

Make one check payable to:  
Community Foundation of Jackson Hole  
P.O. Box 574 • Jackson, WY 83001  
Tax ID# 83-0308856

I wish this gift to remain anonymous.

I do not wish to receive written thank yous from the designated nonprofits listed above.

# RUN/WALK FORM



In the past twenty years, thousands of people have celebrated community and philanthropy by running or walking in Old Bill's Fun Run for Charities. Join in Jackson's greatest day – Saturday, September 9, 10am.

## IT'S EASY (AND FREE!) TO ENTER:

1. Fill out the **Purple Run/Walk Form** on the reverse side.
2. Registration is FREE if received prior to run day. Registration for the untimed division on run day is \$20. Registration for the timed division on run day is not permitted.
3. The top three male and female adult and youth runners in the timed division (5K and 10K) win money to give to their favorite nonprofits.
4. Old Bill's is a fundraiser. Fully participate by making a contribution to your favorite charity.
5. Mail or deliver your completed form(s) to the Community Foundation.

Only walkers, runners, strollers and wheelchairs are permitted. For safety, bicycles, skateboards and other wheeled forms of transportation are not allowed. Dogs are welcome! Please keep them on a short leash and pick up after them.

Timed registrations must be received by 5pm, Friday, September 8.

Mail or deliver completed form(s) to:  
P.O. Box 574 • 245 E. Simpson Avenue  
Jackson, WY 83001 • 307-739-1026



  
**COMMUNITY  
FOUNDATION**  
OF JACKSON HOLE

INSPIRE. INVEST. ENRICH.

# RUN/WALK FORM

Name \_\_\_\_\_ PLEASE PRINT \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_

Email \_\_\_\_\_

## Untimed Division:

May include minors.

I will walk/run for fun

I'm bringing my dog

I'm signing up for the  
diaper derby  
(crawlers only)

OR

## Timed Division:

One form per timed entry.

Deadline 5pm Friday, Sept. 8

5K Women  5K Men

10K Women  10K Men

### YOUNG BILLS:

5K Youth Male (7-14)

5K Youth Female (7-14)

**All event participants MUST SIGN this waiver of liability. If you are the parent/guardian of children signing up for the event, please provide those names on the waiver below.**

I, \_\_\_\_\_ PRINT NAME (REQUIRED) PLEASE PRINT \_\_\_\_\_,

acting for myself and as the legal parent or guardian of

\_\_\_\_\_ PRINT NAME AND AGES \_\_\_\_\_

\_\_\_\_\_ OF PARTICIPATING MINORS \_\_\_\_\_

\_\_\_\_\_ UNDER 18 (IF APPLICABLE) \_\_\_\_\_

hereby release sponsors and organizers of Old Bill's Fun Run for Charities from any claims for damages or injuries suffered as a result of my and/or my child's/children's participation in this event and waive any claim that I or my child/children might have against the sponsors and organizers for damages arising out of, or in any way relating to my or my child's/children's participation in this event. I hereby consent to and permit and accept the responsibility for emergency medical treatment in the event of injury or illness suffered by myself and/or my child/children. I grant the Community Foundation of Jackson Hole the right to use and incorporate, in whole or part, photographs or video taken of myself and/or my children for use in Community Foundation of Jackson Hole materials and waive any right to royalties or other compensation related to use of those photographs or videos.

**X**

SIGNATURE REQUIRED \_\_\_\_\_

Date \_\_\_\_\_

Signature of Participant  
or Parent/Guardian if Participant is a minor.