



National Ethanol Vehicle Foundation

## Donation Form

Date: \_\_\_\_\_

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

Organization (if applicable): \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

---

Amount of donation - \$ \_\_\_\_\_

Method of Payment  Check  
 Credit Card

Credit Card Type  Visa  Mastercard  
 Discover  American Express

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name exactly as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail or fax the above information with payment to:**  
**National Ethanol Vehicle Foundation**  
3216 Emerald Lane, Suite C • Jefferson City, MO 65109  
Phone: (573) 635-8445 • Toll-free (877) 485-8595 • Fax (573) 635-5466  
[info@e85fuel.com](mailto:info@e85fuel.com) • [www.e85fuel.com/nevf/](http://www.e85fuel.com/nevf/)

*\*A paid receipt will be emailed or mailed to you for tax purposes.*