



General Donation Form

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

My Gift: \$ _____

Payment Details

Check enclosed: Payable to Project Oceanology, mail form and check to Project Oceanology, 1084 Shennecossett Rd, Groton, CT 06340.

Matching Gift: My company has a matching gift program and I intend to apply for matching funds to add to my contribution and will forward appropriate forms to Project Oceanology.
The name of my company is: _____

Credit Card: Give online at www.oceanology.org, call 860-445-9007, or complete all fields below & mail to Project Oceanology, 1084 Shennecossett Rd, Groton, CT 06340.

Credit Card Authorization

You may cancel this authorization by contacting us prior to this single transaction being processed.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):

I, _____, authorize to charge my credit card above for a single transaction.

Customer Signature _____

Date _____

Thank you for your gift! Project Oceanology is a 501(c)(3) nonprofit charitable organization and your gift may be tax deductible.