This form need not be printed. You can send a handwritten copy of this form if you are unable to print it. Please:

- Do not include this page in the mailing. The only page you need to send is the following page.
- Print legibly.
- Send along with check (no cash please) in a standard size self-addressed stamped envelope. Please include a return address on the envelope.
- Make sure your signature and the date is on the check and it is to be paid to: "The Mozilla Organization".
- **We cannot accept checks from banks outside the United States.** Please use another method such as credit card or Paypal (www.paypal.com) if you are from outside the United States. Sorry.

Mail to:

The Mozilla Organization
501 East Middlefield Road
Mountain View, CA 94043
USA

Dear Donator:
Thank you in advance for your very generous donation. Please fill out this form in order to make processing easier for us. Some of the following items are required for processing reasons and to serve you in case of a problem. We will contact you if the information provided is insufficient. If we are unable to contact within a reasonable period, we will void and destroy the check. The email address will be used to send you to a page where you can fill in the information you want to appear in the donators' database. If you cannot supply an email address, please alert us in the comments section on how we can send you the URL. We will not use any of the information provided here for your public profile in the donators' database. Therefore, if you do not enter in any information on the web page pointed to by the link you will remain listed as an anonymous donator in the database.

Personal Information

Name: _____ *
Email: _____
Date: _____

Address

Line 1: Entire street address including street, number, and apartment (if applicable)
Line 2: City, State or Province (if applicable), country and mailing code

Line 1: _____ *
Line 2: _____ *

Phone

Phone numbers should include area code if within the US and international
Codes if outside the US.

Phone 1: _____ □ Day □ Evening *
Phone 2: _____ □ Day □ Evening
Fax: _____

Comments: _____
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