



Quixotic Donation Form

Please Print

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Please print your name as you would like it to appear in Quixotic donor lists:

I prefer my donation remain anonymous _____

My donation is in the amount of \$ _____ (payable to Quixotic)

I would like to receive email updates from Quixotic _____

I prefer not to receive email Quixotic _____

Please mail your completed form and check to:
Quixotic PO Box 413206 Kansas City, MO 64141

Credit card donations may be processed online at
www.quixoticfusion.com

For information on supporting the Quixotic through in-kind donations or volunteer services please contact us at
info@quixoticfusion.com