



26.2 Foundation Special Charity Plate | Pre-Order

Date _____

First Name _____

Last Name _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Nearest RMV _____

- Enclosed is a check made payable to the Massachusetts Registry of Motor Vehicles for \$40 for the special charity plate.
- I understand that I am responsible for the \$60 Mass RMV registration/renewal fee as scheduled.

Additional option

- I would like to request a number between 1 and 100. I have enclosed an **additional check made payable to the 26.2 Foundation** for \$100. I understand that the requested numbers are first come, first served and if my request is not available, I understand that the 26.2 Foundation will notify me and return my payment.

First Choice _____

Second Choice _____

Third Choice _____

Please mail your form and check to:

26.2 Foundation
Special Charity Plate
PO Box 820
Hopkinton, MA 01748

Questions? Contact Kim.Chisholm@26-2.org