



National Wheelchair Sports Fund Financial Contribution Form

Please print, complete and send this form with your financial donation. When writing, please write legibly or we will be unable to send you an acknowledgement. If you have trouble printing, just make sure to include your name and address with your donation so we can thank you. You may remain anonymous if you wish.

YOUR INFORMATION

Your Name: _____

Business Name: _____

Street Address: _____

Apt./Suite: _____

City: _____ State: _____ Zip: _____

Country: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

How did you find us? _____

HOW WOULD YOU LIKE TO CONTRIBUTE TO NWSF

I would like to make a monetary donation.

Sponsorship Corporate Individual

Amount of donation:

\$100 \$75 \$50 \$25 Other amount: \$ _____

We gladly accept Visa or Mastercard:

Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Questions or Comments: _____

