



## Donation Form

Donor Information (please print):

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Pledge Information:

I (we) would like to donate: \$25 \$50 \$75 \$100 \$\_\_\_\_\_ Other Amount

To be paid: One Time Monthly Quarterly Annually

I (we) plan to make this contribution in the form of: Cash Check Credit Card Other

Name as appears on card \_\_\_\_\_

Credit card type / Exp. Date Visa Mastercard Amex Discover Exp.Date \_\_\_\_ / \_\_\_\_

Credit card number \_\_\_\_\_

Security Code (on back of card) \_\_\_\_\_

Authorized signature \_\_\_\_\_

Donation will be matched No Yes by: (company/family/foundation) \_\_\_\_\_

Form enclosed Form will be forwarded I (we) wish to make a donation anonymously

Acknowledgement Information:

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please make checks, corporate matches,  
or other donations payable to:

ParaSport Spokane  
16201 E Indiana Ave, Ste 1200  
Spokane, WA 99216