



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 an anonymous donation

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
3407 W 7th Ave,
Spokane, WA 99224