

## DONATION FORM

*(Please print clearly your name as you would want it recognized)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Day/Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

*Your email address will not be shared with any other organizations.*

Pledge/Donation \$ \_\_\_\_\_

To be paid:

\_\_\_\_\_ Annual Installments of \$ \_\_\_\_\_ on \_\_\_\_\_ (mo/day)  
for \_\_\_\_\_ 3 or \_\_\_\_\_ 5 years.

In the event I fail to fulfill my pledge obligation in full, the FWCS Foundation shall have the right to rescind any naming rights or other recognition I receive in consideration of the pledge.

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\_\_\_\_\_ Check (make checks payable to: FWCS Foundation)

\_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ VISA \_\_\_\_\_ DISCOVER \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS

Name & Address if different than above: \_\_\_\_\_

\_\_\_\_\_ I authorize FWCS Foundation to charge my credit card per schedule above  
without notifying me (please initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_