



Donation Form

GENERAL INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone: _____

MC/VISA: _____

Expiration Date: _____

Signature: _____

COMMENTS (Optional)

Please let us know why you are supporting the MWPA:

DONATION LEVEL

- Friend {\$1-\$249} \$ _____
- Supporter {\$250-\$499} \$ _____
- Contributor {\$500-\$999} \$ _____
- Patron {\$1,000+} \$ _____

DONOR INFORMATION

The MWPA would like to publish your name in future fundraising, marketing, and informational materials. If you would not like your name to be used, please check NO below. If you would like to let us use your name, please check YES below and tell us how you would like your name to appear. You can choose to have your donation listed as an individual, couple, or family, or under the name of a business, organization, or foundation. **Make sure to write or print your name clearly so that we get it right.*

- NO, please make my donation anonymous.
- YES, I give the MWPA permission to use my name as it is appears below:

FOR OFFICE USE ONLY		
DATE:	CHECK:	APPROVAL:
<input type="checkbox"/> Database	<input type="checkbox"/> Financial	<input type="checkbox"/> Acknowledged