



GENERAL INFORMATION

Name: _____

Address: _____

City: _____

State/Zip: _____

Email: _____

Phone: _____

MC/VISA: _____

Expiration Date: _____ 3-digit Code: _____

Address, zip, and all card info must be provided for us to charge a card.

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 materials. If you would prefer that your name is not used, please check NO below. If you would like us to use your name, please check YES and tell us how your name should appear. You can choose to have your donation listed as an individual, couple, or family, under the name of a business, organization, or foundation, or in honor or in memory of another person.

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

COMMENTS (Optional)

Please let us know why you are supporting MWPA.

FOR OFFICE USE ONLY

DATE:

CHECK/CARD:

APPROVAL:

Database

Financial

Acknowledged