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Phone: 1-800-880-9837
Fax: 1-800-880-9837
E-mail: board@nwaba.org
Website: www.nwaba.org

Yes, I would like to make a contribution to support blind and visually impaired athletes. \$ _____

Name _____ Phone Number _____

Address _____

E-mail Address _____

I would like to support the following program:

- General Donation Scholarships
- Powerlifting Goalball
- Program Development Athlete: _____
- Other: _____
- I would like to learn about Volunteer Opportunities

- My Check/Money order is enclosed (paid to Northwest Association for Blind Athletes)
- Please charge my credit card, information below.

Credit Card Information:

- Visa MasterCard Discover Card American Express
- One time Donation Monthly Donation
- Quarterly Donation Yearly Donation

Card Number: _____

Verification Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Thank you for your support of our Athletes
All donations are tax deductible under Section 501(c)(3)
Tax Identification Number: 26-0244283

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"Enriching the lives of the blind through athletics"

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