



WVAOP FOUNDATION DONATION FORM

DONATION AMOUNT

<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other Amount: \$ _____

PAYMENT INFORMATION

___ Check Check #: _____

___ Credit Card ___ Visa ___ MasterCard ___ Discover ___ AE

Card Number: _____ Exp. Date: ____/____ CV Code: _____

Name on Card: _____

Signature of Cardholder: _____

I authorize the WVAOP FOUNDATION to charge my credit card according to the donation I have pledged above and understand my account will be charged 1) ONCE for a one-time donation.

Signature: _____ Date: _____

Please mail or fax form to: WVAOP Foundation
18 California Avenue
Charleston, WV 25311
FX: (304) 343-4251

The WVAOP Foundation is set up as a 501(c)3 charitable non-profit and non-stock organization. Your donation is tax deductible and can be from either a business account or a personal account.