WVAOP FOUNDATION DONATION FORM

DONATION AMOUNT

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$25</td>
<td>$50</td>
<td>$100</td>
<td>$250</td>
</tr>
<tr>
<td>$500</td>
<td>$750</td>
<td>$1,000</td>
<td>Other Amount:</td>
</tr>
</tbody>
</table>

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.