



# General Donation Form

**Yes, I would like to provide hope to others by making a tax deductible donation to the Challenged Athletes Foundation® (CAF).**

Donation Amount: \_\_\_\_\_

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

(Go green with us and please provide your email address for your thank you and receipt)

\_\_\_\_ Cash                      \_\_\_\_ Check                       Please mail me a thank you receipt.

Please charge my donation to: Visa Mastercard (circle one)                       Check here if billing address is the same as mailing address

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSV \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing address if different from above, please include here.

\_\_\_\_ In Honor of                      \_\_\_\_ In Memory of                      \_\_\_\_ In Support of

(please include name, address, email of person to receive a certificate)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_ **Please send me more information on how I can support CAF.**

**Send Form** Please e-mail, mail or fax completed form to:  
Jennifer@challengedathletes.org  
9591 Waples Street, San Diego, CA 92121  
f 858.866.0958