



# Wingspan Mail-In Donation Form

Fill in form online then print. Your information will not be saved.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Partner's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

**This gift is:**  in Honor of  in Memory of Name \_\_\_\_\_

Please send acknowledgement to:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

**I'd like to pay by:**  Check (include check)  Credit Card (fill in information below)

**This donation is:**  One Time Donation  Recurring Monthly Donation

**Amount of Gift**

\$1,000  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_

**Credit Card Information**  Master Card  VISA  American Express

Card Number                 Expiration Date \_\_\_\_/\_\_\_\_  
MM/YY

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- Please submit my email address to receive Wingspan's eNews
- Please do not include my name in any of Wingspan's donor recognition materials
- I am interested in becoming a Volunteer. (Please visit [www.wingspan.org](http://www.wingspan.org) for more information)
- I would like to include Wingspan in my will. Please contact me.

*Remember you can save time and money by donating online at [www.wingspan.org](http://www.wingspan.org)*

Mail Form To: **Wingspan  
430 East 7<sup>th</sup> Street  
Tucson, AZ 85705-8575**