



SPORTS WORLD, INC.
Donation Form

PERSONAL INFORMATION:

Title: _____

Full Name: _____

Email Address: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Secondary Phone: _____

CONTRIBUTION TYPE:

One-Time Gift

Recurring Gift

Monthly

Quarterly

Annually

Method:

Automatic Bank Draft (enclose voided check)

Credit Card (fill in your CC info below)

CONTRIBUTION AMOUNT (please check one):

\$4,500 (Outreach Sponsor)

\$250

\$1,000

\$100

\$500

Other Amount: _____

Please apply my gift to: _____

If you would like to make this contribution in someone else's honor or memory, please let us know in the space provided below. If you would also like us to send them an acknowledgment, please include their address.

PAYMENT OPTIONS

I would like to charge my credit card (MC, Visa, or Discover)

Card Type: _____

Card Number: _____

Card Exp (MM/YYYY): _____

I have enclosed a check

Please mail your tax-deductible donation with this form to:

Sports World, INC 1919 South Post Road Indianapolis, IN 46239