



**United States
Racquetball
Foundation**

Date	
Event	

CONTACT INFORMATION		Receipt Number	Account Number
Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Birthday	
City	State	Zip Code	
Phone	E-mail		

DONATION	
Type	<input type="checkbox"/> One-Time Donation <input type="checkbox"/> Sustaining Monthly Donation
Form	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Amount	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> Other _____
Fund	<input type="checkbox"/> Please use this gift where most needed <input type="checkbox"/> Juniors <input type="checkbox"/> ____ Juniors <input type="checkbox"/> Memorial <input type="checkbox"/> Other _____

MEMORIAL OR HONOR	
<input type="checkbox"/> In Memory <input type="checkbox"/> In Honor	Name
Please Notify the Following Person of this Memorial or Honor Gift	
Name	
Address	
City	State ZIP Code
Phone	E-mail

ADDITIONAL PERMISSIONS FROM DONOR
<input type="checkbox"/> I have read and authorize the media release on the backside of this form <input type="checkbox"/> I hereby grant USRF permission to add my email to their mailing list <input type="checkbox"/> Please send me information regarding USRF Estate Planning and Planned Giving <input type="checkbox"/> I would like to volunteer my time and/or talents to the USRF

PLEASE MAIL YOUR DONATION TO THE ADDRESS BELOW THANK YOU!

