

# Scholastic Shooting Sports Foundation Printable Donation Form



Today's Date: \_\_\_\_\_ Donation Amount: \$ \_\_\_\_\_

Donation Frequency:  One Time  Recurring Annually  Recurring Monthly  Recurring Weekly

Donor Name: \_\_\_\_\_ Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Payment Type:  Check  Credit Card  Other (specify) \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Number \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Additional Comments and/or Specify Fund:

Please Mail Completed Form and Payment Method to:

Scholastic Shooting Sports Foundation, Inc.

5931 Roft Road

San Antonio, TX 78253

Thank you for supporting the Scholastic Shooting Sports Foundation!!

