

# Scholastic Shooting Sports Foundation

## Vision 20/20 Donation Form



Today's Date: \_\_\_\_\_

SSSF Team ID: \_\_\_\_\_ Name of Person Contacting Me \_\_\_\_\_

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

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: \_\_\_\_\_ CVC Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Additional Comments:

Please Mail Completed Form and Payment Method to:

Scholastic Shooting Sports Foundation, Inc.

Attn: Vision 20/20

5931 Roft Road

San Antonio, TX 78293

Thank you for supporting the Scholastic Shooting Sports Foundation and our programs!!

