**Scholastic Shooting Sports Foundation**

**Member Matching Program**

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

**SSSF Team ID: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MidwayUSA Foundation Account ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of $5 Athlete Donations: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of $5 Volunteer Donations: \_\_\_\_\_\_\_\_\_\_\_**

**Total 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Additional Comments:**  |

**Please Mail Completed Form and Payment Method to:**

**Scholastic Shooting Sports Foundation, Inc.**

 **Attn: Member Matching Program**

**5931 Roft Road**

**San Antonio, TX 78293**

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