



General Donation Form

Yes, I would like to provide hope to others by making a tax deductible donation to the Challenged Athletes Foundation® (CAF).

Donation Amount: _____

Donor's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

(Go green with us and please provide your email address for your thank you and receipt)

____ Cash _____ Check Please mail me a thank you receipt.

Checks payable to: Challenged Athletes Foundation

Please charge my donation to: _____ Credit Card Check here if billing address is the same as mailing address

Card# _____ Exp. Date _____ CSV _____

Name on card _____ Signature _____

Billing address if different from above, please include here.

____ In Honor of _____ In Memory of _____ In Support of

(please include name, address, email of person to receive a certificate)

Name _____

Address _____

Email _____

____ Please send me more information on how I can support CAF.

Send Form Please mail or fax completed form to:
Challenged Athletes Foundation
9591 Waples Street, San Diego, CA 92121
f 858.866.0958