



WOUNDED WARRIOR PROJECT

# OFFLINE DONATION FORM

## Participant/Team Information:

Participant Name: \_\_\_\_\_

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

Soldier Ride Event (please check only one):

☐

Babylon

☐

The Hamptons

Please credit donation to (please check only one):

☐

Participant

☐

Team

☐

General Donation

Please indicate your donation amount below:

☐

\$1,000

☐

\$500

☐

\$250

☐

\$100

☐

\$50

☐

Other amount \_\_\_\_\_

## Donor Information (please fill in your information below):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐

Yes, I would like to receive communications regarding events and their impact.

☐

Yes, I would like to receive communications on other ways to support Wounded Warrior Project.

Please make sure all checks are made payable to Wounded Warrior Project® and send to:

Wounded Warrior Project  
P.O. Box 758525  
Topeka, KS 66675-8525  
**ATTN: Soldier Ride**

**Please note:** If a check(s) donation is sent to WWP without this form, we cannot guarantee that the funds will be accurately attributed to Soldier Ride. For inquiries, please contact [signatureevents@woundedwarriorproject.org](mailto:signatureevents@woundedwarriorproject.org).