

2011 Donation Form

Wilderness Wind 2945 Hwy 169, Ely MN 55731 218-365-5873

Donate online at www.wildernesswind.org

Personal Information:

Name: _____ Evening Phone: _____
 Address: _____ Day time Phone: _____
 City/State/Zip code: _____ E-mail: _____

Sponsor's information:

1	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
2	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
3	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
4	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
5	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
6	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
7	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
8	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
9	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
Total donations collected (this page) : \$						

Sponsor's information:

10	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
11	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
12	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
13	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
14	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
15	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
16	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
17	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
18	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
19	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
20	Name				<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Amount:	
	Address	City	State	Zip code		
	Phone	E-mail				
	Card #	Expiry	Name on card			
Total donations collected : \$						

