

# DONATION FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Donation made in honor/memory of: \_\_\_\_\_

If you would like us to notify the honoree, please provide their address:

\_\_\_\_\_

Credit Card Information			
Charge Amount: \$ _____			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____		Security Code: _____	
Cardholder ZIP Code (from credit card billing address): _____			

I authorize **National Sporting Library, Inc.** to charge my credit card above for agreed upon amount.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

NATIONAL SPORTING  
102 THE PLAINS RD, MIDDLEBURG, VA



LIBRARY & MUSEUM  
540-687-6542 | NATIONALSPORTING.ORG