



Disabled Sports USA Far West  
6060 Sunrise Vista Blvd., Suite 2540, Citrus Heights CA 95610  
(916) 722-6447 fax: (916) 722-2627  
Email: [dsusa@disabledsports.net](mailto:dsusa@disabledsports.net)

## ***Financial Contributions to Disabled Sports USA Far West***

Please print and send the completed form by mail to:  
Disabled Sports USA Far West  
6060 Sunrise Vista Blvd., Suite 2540 Citrus Heights, CA 95610

My gift to Disabled Sports USA, Far West is in honor/memory of:

\_\_\_\_\_

(A special person, family or occasion)

Please send an acknowledgment to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send me information about volunteer opportunities with Disabled Sports.

**YES!** I would love to donate. Enclosed is my gift of:

Visionary \$10,000+ \_\_\_\_\_ Mentor \$5,000+ \_\_\_\_\_ Motivator \$1,000 + \_\_\_\_\_  
Achiever \$500+ \_\_\_\_\_ Believer \$250 + \_\_\_\_\_ Challenger \$26 + \_\_\_\_\_  
Participant \$25 \_\_\_\_\_ Other \$ \_\_\_\_\_

Please charge my credit card \$ \_\_\_\_\_ (circle one) Visa / MasterCard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

3 Digit Security Code # (on back of card) \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

**Your tax-deductible donation supports Disabled Sports mission to provide affordable inclusive physical and recreational activities that build health and confidence.**