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Phone: 1-800-880-9837
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E-mail: info@nwaba.org
Website: www.nwaba.org

Yes, I would like to make a contribution to support blind and visually impaired athletes. \$ _____

Name: _____ Phone Number: _____

Address: _____

E-mail Address: _____

I would like to support the following program:

- General Donation Scholarships
- Powerlifting Goalball
- Program Development Athlete: _____
- Other: _____

I would like to learn about Volunteer Opportunities

My Check/Money order is enclosed (paid to NWABA)

Please charge my credit card, information below.

Credit Card Information:

Visa MasterCard Discover Card JCB

One time Donation Monthly Donation

Quarterly Donation Yearly Donation

Card Number: _____

Verification Number: _____

Expiration Date: _____

Signature: _____

Additional Information: _____

Thank you for your support of the blind and visually impaired

Please send this page to the address listed above

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"Enriching the lives of the blind through athletics"