



Donation Form

Name: _____
Mr./Mrs./Ms. *First Name* *Last Name*

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Number: _____ Total Enclosed: \$ _____

Form of Payment:

Check (*Make payable to Wes Welker Foundation*)

MasterCard Visa American Express

Card Number: _____ Exp: _____

Card Validation Code: _____
(Located on the back signature panel of MC, Visa, and printed on front of American Express cards)

Honor/Memorial Gifts: Please include name and address of the individual to receive the acknowledgement letter.

Memory Honor Name: _____

Send Acknowledgement Letter To:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please fax this form to 405.286.9147 or mail to:

Wes Welker Foundation
P.O. Box 20777
Oklahoma City, OK 73156

Thank you for your support of the Wes Welker Foundation! Contributions will be acknowledged with a tax receipt.