



## DONATION FORM

Enclosed is my donation of \$ \_\_\_\_\_ made payable to **THE WHIT CAMMACK FOUNDATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Shirt Size (For Donations over \$50.) Please Circle:      Large      X-Large

Please mail a copy\* of this form with your check to:

**The Whit Cammack Foundation**

PO Box 5135, Abilene, TX 79608

You will receive a TWCF 'Reminderband' for your donation.

Donations \$50.00 and over will receive a TWCF 'Reminderband' and T-shirt.

THANK YOU FOR YOUR SUPPORT.



\* Please keep a copy of this form as a receipt for your tax records. **EIN: 74-3254100**