

Bill Wallis Charitable Foundation

Please mail your completed form and donation to:
Bill Wallis Charitable Foundation, 106 East Washington, Cuba, MO 65453



Enclosed is my tax deductible contribution of: \$

GENERAL INFORMATION

Donor Name:

Address:

City:

State:

Zip:

In Memory of:

In Honor of:

On the Occasion of:

Message:

PLEASE SEND ACKNOWLEDGEMENT TO

Name:

Address:

City:

State:

Zip:

PAYMENT INFORMATION

Method of Payment

Method of Payment

Check

Please make your check payable to **Bill Wallis Charitable Foundation**

American Express

Credit Card #:

Discover

Security Code:

Visa

Expiration Date (MM/YY):

MasterCard

Cardholder Name:

Billing Zip Code:

Cardholder Signature: