

**CAROLINA REGIONAL VOLLEYBALL ASSOCIATION
Donor Information Form**



1. My Information: *Please print clearly*

Today's Date _____

Name _____

Organization _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ home work cell *(check one)*

E-mail address _____ Individual Organization
(check one)

Have additional questions – Contact:
Kevin Wendelboe
ceo@carolinaregionvb.org
336.766.3581

2. My Investment in Carolina Region:

I would like to:

- Contribute \$ _____ for _____ years. Month to send invoice: _____
- Give a one-time gift in the amount of \$ _____.

Yes, I would like to support Carolina Region Volleyball in the following way(s):

- Unrestricted Donation to support the greatest needs within the Carolina Region
- Boys HS Growth Grant Program
- Boys' Club Growth Grant Program
- Junior Officials Scholarship Program
- Facility / Equipment Grant Program

3. Payment:

- My check is enclosed, made payable to: Carolina Region (mail to: PO Box 1757, Clemmons NC 27012)
- Send Zelle Invoice. Zelle phone or email handle: _____
- Send SportsEngine (SE) Invoice. SE Account email: _____
- Send PayPal Invoice. Use email above Use this email: _____
(Credit Card payments accepted through PayPal. PayPal account is not required.)

4. Authorization:

Your signature is required.

The Carolina Regional Volleyball Association is a 501(c)(3) organization. Donations may be tax deductible. Consult your tax professional for more information.