

Donor Information

Please complete this form and mail it with your donation to Be Amazing. Your information will remain confidential and will not be shared.

First Name	Last Name			
Business or Organization				
Street Address		City	State	2 Zip Code
Phone Number	Email			
Donation Amount:		Mail this form and your donation to: Be Amazing		
			p.O.	Box 156
			Rot	hschild, WI 54474

Are you interested in being a part of the Be Amazing Organization? Tell us how you are interested

_ I'm interested in joining the Be Amazing Organization:

____ as a volunteer

____ as a board member

____ by starting a school or business club

____l, or my business/organization, may be interested in sponsoring an event or project.

____ I know someone who would be interested in becoming involved with the Be Amazing organization Their Name ______ Phone Number/Email _____