

**Fort Worth Sports Medicine Foundation
Donation Form**

The FWSMF greatly appreciates all financial donations as we work toward our goals to return our young athletes back to health, life and sports. Tax deductible donations may be made via credit card, check or money order, made payable to the FWSMF. You will receive a receipt and thank you note in the mail. Please **print out** this form and **mail back** to the FWSMF at:

Fort Worth Sports Medicine Foundation
Attn: Steve Meyers, MD
1651 W. Rosedale #200
Fort Worth, TX 76104

Name:

Mr./Mrs./Ms.	First Name	Last Name
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Street Address: _____

City: _____ State: _____ Zip: _____

Email Address _____

Telephone Number: _____ **Total Enclosed:** \$ _____

Form of Payment:

Check Money Order

(Make payable to **Fort Worth Sports Medicine Foundation**)

Credit Card

Please bill my donation to my credit card in the following amounts and frequency:

Amount: \$ _____

Once _____ Monthly _____ Quarterly _____ Semi-annually _____ Yearly _____

MasterCard Visa Discover American Express

Name as it appears on the credit card:

Card number: _____ Exp: _____ CVV Code: _____