



CHECK DONATION FORM

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

Today's Date: _____

Amount of check: \$ _____ payable to Antique Wireless Association

Donor Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

Please mail this completed form and check to:

Antique Wireless Association

P.O. Box 421

Bloomfield, New York 14469

THANKS FOR YOUR GENEROUS SUPPORT OF THE ANTIQUE WIRELESS ASSOCIATION