

PERSONAL Information:
Full Name:
Mailing Address:
City, State, ZIP:
Email Address:
Phone #:
TTY <input type="checkbox"/> Voice only <input type="checkbox"/> TTY/Voice <input type="checkbox"/>

Method of Payment: Personal Check <input type="checkbox"/> Money Order: <input type="checkbox"/>
Amount of gift:
Check or Money Order numbers:
Payable to USA Deaf Sports Federation . Please note in memo that it is for USADTH

Your Company Match Gift

If you work for a private company that matches employees' gifts to non-profit organizations including USA Deaf Sports Federation for USA Deaf Team Handball, check mark yes, and fill out and mail a company matching gift form to us. Contact the company's human resources department for the form and/or with questions.

Yes, my company will match my gift to USA Deaf Sports Federation for USA Deaf Team Handball.

My company is: _____

Again, your donation is greatly appreciated. Checks should be payable to **USA Deaf Sports Federation**. Please note in memo that it is for USADTH and mail to:

USA Deaf Team Handball
 Post Office Box 1413
 Bothell, WA 98055-1413

Thank you for your willing to donate and support our organization.