

Logo

Donation Form

First Name: _____

Last Name: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: (____) _____

- I would like my donation listed as "Anonymous"

Type of Donation:

- Individual
 Corporate

Amount of Donation:

- \$ 10
 \$ 25
 \$ 50
 \$ 100
 \$ 250
 \$ 1000
 Other amount \$ _____

Please mail your completed form along with your donation to:
White Mountain Aquatic Foundation
PO Box 767
North Conway, NH 03860

Donations submitted may be in the form of cash, check or money order. If you wish to donate using a credit card, please visit our website at www.whitemountainaquatic.com where you may donate using PayPal's secure server.

The White Mountain Aquatic Foundation is a 501.c.3 nonprofit corporation.