



I would like to be a WOU Football Association Member!

Name: _____

E-mail Address: _____

Street: _____

City, State, Zip: _____

Home Telephone: _____

Business Telephone: _____

Payment:

I am enclosing a check payable to the Western Oregon Football Association

I want to pay by credit/debit card Visa MasterCard

Card #: _____

Exp. Date: _____ Security Code (back of card): _____

Name on Card: _____

Payment Options

One year membership:

Red Zone \$100 Wolves Den \$250 Coaches Corner \$500

Legacy Club \$1000 All-American Club \$2500 Champion's Club \$5000

Total Amount Enclosed: \$ _____

Monthly Pledge: Monthly payments of \$ _____ for 12 months.

Start date: _____

I choose to decline all benefits associated with my donation making my entire donation tax-deductible.

Please return this form to:

Football Association
The Cottage, WOU
Monmouth, OR 97361