



DESIGNATED BENEFICIARY PROGRAM
Tax deduction 501 (C) (3) TIN: 64-0667928

Please check which category donation applies to:

INDIVIDUAL ATHLETE'S DONATION

Athlete's Name: _____

Athlete's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

TEAM DONATION

Team Name: _____

USA POWERLIFTING ASSOCIATION DONATION

AMOUNT OF DONATION: \$ _____

Donor's Name: _____

Donor's Address: _____

City: _____ State: _____ Zip: _____

MAKE CHECKS PAYABLE TO: U.S.A. POWERLIFTING

MAIL TO: USA Powerlifting National Office
PO Box 668
Columbia City IN 46725