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YOUR
JUMP
SHOT?

Please accept my donation of \$_____ for the Betty F. Jaynes Internship Program.

To be recognized as a "Shooter for BFJ" a minimum donation of \$60 is required.

Name: _____ Institution: _____

Address: _____

Telephone: (____) _____ Email address: _____

CHECK CHOICE OF PAYMENT:

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Make check payable to WBCA Cash Visa MasterCard American Express Discover

Credit Card Account Number _____ Exp. Date _____

Signature (required for credit card) _____

The enclosed donation is tax deductible as the WBCA is a 501 (c) 3 tax exempt organization. No goods or services were rendered to you as a part of this contribution.

CWBMEM

WBCA 4646 Lawrenceville Highway Lilburn, GA 30047

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