



CONTRIBUTION FORM

NAME: _____ DATE: _____

PROFESSION/JOB TITLE: _____

ADDRESS

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

DONATION AMOUNT

\$ _____

PLEASE INDICATE BY CHECK MARK TO BECOME A TEAM MVP & MAKE A MONTHLY REOCCURRING CONTRIBUTION IN THE AMOUNT ABOVE. NOT TO EXCEED MAXIMUM CONTRIBUTIONS ALLOWED BY LAW.

SIGNATURE FOR AUTOMATIC MONTHLY DRAFT: _____

COMMENTS/SUGGESTIONS FOR WENDY AND THE TEAM: _____

IMPORTANT INFORMATION!

PLEASE MAKE CHECKS PAYABLE TO:

WENDY FOR WNC

PLEASE MAIL CHECKS TO:

**P.O. Box 25053 ASHEVILLE, NC
28813**

**THANK YOU FOR YOUR
SUPPORT!**

WWW.WENDYNEVAREZ.COM



CONTRIBUTION RULES

- I AM A U.S. CITIZEN OR LAWFULLY ADMITTED PERMANENT RESIDENT (I.E., GREEN CARD HOLDER).
- THIS CONTRIBUTION IS MADE FROM MY OWN FUNDS, AND FUNDS ARE NOT BEING PROVIDED TO ME BY ANOTHER PERSON OR ENTITY FOR THE PURPOSE OF MAKING THIS CONTRIBUTION.
- I AM AT LEAST EIGHTEEN YEARS OLD.
- I AM NOT A FEDERAL CONTRACTOR.
- I AM MAKING THIS CONTRIBUTION WITH MY OWN PERSONAL CHECK AND NOT WITH A CORPORATE OR BUSINESS ACCOUNT.
- BY PROVIDING YOUR PHONE NUMBER (HOME OR MOBILE) AND/OR EMAIL YOU CONSENT TO RECEIVE PERIODIC CAMPAIGN UPDATES THROUGH AUTOMATED TEXT MESSAGES AND CALLS FROM WENDY FOR WNC. SMS, MSG & DATA RATES MAY APPLY. TEXT HELP FOR HELP, STOP TO END.