



Support me as I participate in the Soldier Ride Carolinas Challenge supporting the Wounded Warrior Project

Participant's Name: _____

Yes! I will make a contribution to help the Wounded Warrior Project

\$500 \$250 \$100 \$50 \$25 Other Amount: _____

Please make your checks payable to "Wounded Warrior Project"

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor Phone: _____

Email: _____

My contribution is In Honor Of In Memory Of In Support Of

Name: _____

Yes, I would like the amount of my donation to appear on the participant's honor scroll.

Thank You So Much For Your Contribution!

Mail this form and your check to:

Hometown News

P.O. Box 249

Woodruff, SC 29388

Thank you for supporting our nation's wounded veterans! All money raised by the Carolinas Challenge benefit the Wounded Warrior Project, a 501 (c) 3 non-profit corporation. Your gift is tax deductible to the extent allowed by law. Tax ID: 20-2370934. For more information please see our web sites:

carolinaschallenge.org

woundedwarriorproject.org