Free Wheelchair Mission®
TRANSFORMING LIVES THROUGH THE GIFT OF MOBILITY

Yes, I'd like to give the Transforming Gift of Mobility!

This form must be completed and enclosed with your check or money order. Make checks payable to "Free Wheelchair Mission". Please write the name of the event or campaign you wish to support on "Memo" line of check, or just put "general" if that is the case.

Check Donation:

Donor Name _____

Name on check _____

Donation Amount $_____

Check Number _____

Credit Card Donation:

Visa Master Card American Express Discover

Credit Card Number_____Expiration Date_____

Signature _____

Home Phone (____) _____ (optional)

Email _____ (optional)

Home Address _____

City _____ State _____ Zip _____

Mail to: Free Wheelchair Mission
P.O. Box 513538
Los Angeles, CA 90051-3538

Fax Credit Card Payment to: 949-273-8471