



YES, I want to support The Triangle Aquatic Center!

\$1,000 \$500 \$250 \$100 \$25 \$_____

- I am enclosing a check for the full amount (make checks payable to the Triangle Aquatic Center)
- Please deduct from my checking account (include a "void" check)
- Please invoice me over ____ months
- Please charge my VISA/MC (see below)
- Please bill me for the full amount

Please list your email address if you'd like to be notified of our upcoming special events and programs.

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

CITY _____

STATE _____

ZIP _____

(_____) _____ - _____
PHONE

Building a Fun and Healthy Future for the Triangle



Please charge my contribution of \$ _____ to my: (check one box below):

VISA MasterCard

Credit Card Number: _____ Exp Date ____/____

Contributions to the Triangle Aquatic Center are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Fax ID 14-1839387.

Please consult your accountant for any clarifications.

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