

# The One-Man Volleyball Team

## Mail-In Donation Form

**Name or Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*All donations are Tax-Deductible!*

### Form of Payment:

\_\_\_\_\_ **Check** in the Amount of \$\_\_\_\_\_.

Checks May Be Made Payable To: Bob Holmes

\_\_\_\_\_ **Card** in the Amount of \$\_\_\_\_\_.

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Expiration \_\_\_\_\_ Card CVS# \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_ **Money Order** in the Amount of \$\_\_\_\_\_.

**Please Send This Form & Donation To:**

**Bob Holmes**

**P.O. Box 89**

**Heiskell, Tennessee 37754**

THANK YOU FOR  
YOUR SUPPORT!

Your donation will help  
Bob in his mission to  
save the lives of our  
youth!