



Donation Form

Donor Information (please print or type)

Name	
Company/Organization	
Billing Address	
City	
State	
Zip Code	
Phone	
Fax	
E-Mail	

Yes, I (we) want to join the CWC Advisory Group

Basic Member: \$250 Sponsor: \$1,000 Super Sponsor \$5,000 Other \$ _____

I (we) plan to make this contribution in the form of
____ check ____ credit card

Credit card type	
Credit card number	
Expiration date	
CVV # (on back of card)	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks payable to:

Clean Water Council
3925 Chain Bridge Road, Suite 300
Fairfax, VA 22030