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**Friends of Maryland Wrestling Membership Form**

Name(s) \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

**Donor Levels:**

\$25-99 Team Member Amount \_\_\_\_\_ \$100-249 All-Conference Amount \_\_\_\_\_ \$250-499 Conference Champion Amount \_\_\_\_\_  
\$500-999 All-American Amount \_\_\_\_\_ \$1000+ MCAA Champion Amount \_\_\_\_\_

Does your Company Match Funds? \_\_\_\_\_ if so please include the required paperwork.

**Your Connection to Maryland Wrestling:**

\_\_\_ Alum (Grad Year \_\_\_\_\_) \_\_\_ Current Student \_\_\_ Friend \_\_\_ Family \_\_\_ Faculty/Staff

Make Check or Money Order payable to UMCP Foundation-Memo Wrestling or pay by Credit Card below

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**Friends of Maryland Wrestling Membership Form**

➤ **Credit Card Information** - Call Carrie Bittman (301) 314-9214 to give info by phone or submit below:

Name	
Billing Address	
City, State, Zip	
Telephone (home)	

**Donor Levels:**

\$25-99 Team Member Amount \_\_\_\_\_ \$100-249 All-Conference Amount \_\_\_\_\_ \$250-499 Conference Champion Amount \_\_\_\_\_  
\$500-999 All-American Amount \_\_\_\_\_ \$1000+ NCAA Champion Amount \_\_\_\_\_

Credit card type	_____ MC _____ VISA _____ AMEX _____ DISC
Credit card number	
Expiration date	
Authorized signature	

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Return form and donation to:  
Friends of Maryland Wrestling  
1712 Comcast Center  
College Park, MD 20742