
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

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 | |

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