



**DESIGNATED BENEFICIARY PROGRAM**

Tax deduction 501 (C) (3) TIN: 64-0667928

*Please check which category donation applies to:*

**INDIVIDUAL ATHLETE'S DONATION**

Athlete's Name: \_\_\_\_\_

Athlete's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TEAM DONATION**

Team Name: \_\_\_\_\_

**USA POWERLIFTING ASSOCIATION DONATION**

**AMOUNT OF DONATION: \$** \_\_\_\_\_

Donor's Name: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: USA POWERLIFTING**

MAIL TO: USA Powerlifting National Office  
1120 Huffman Rd, Ste 24 #223  
Anchorage, AK 99515