

Donate to CJ Mitchell Sports Officials' Academy

Name _____ **Date** _____

Representing - Self ___ Business/Organization _____

Business/Organization name _____

Business/Organization type _____

Self/Business/Organization address *(for acknowledgement letter use only)*

City _____ **State** ___ **Zip** _____

Email (optional) _____ **Phone** (optional) _____

Amount of Donation : _____

Purpose of Donation:

General Donation (business operational expenses) _____

Participant Tuition Scholarship Donation _____

Other Donation (please specify) _____

Complete this form and mail it with a check payable to:

CJ MITCHELL SPORTS OFFICIALS' ACADEMY (CJMSSOA)
8220 W, Gage Blvd
Kennewick, WA 99336