

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)

1360 N Louisiana St, #182

Kennewick, WA 99336