

American

Wheelchair Mission

**Knights of Columbus** **Wheelchair Program**

Knights have helped us sponsor the delivery of tens of thousands of wheelchairs worldwide! A $150 will deliver a brand-new wheelchair to a child, teen, or adult in need of Hope, Mobility, Freedom, and Independence.

**○ $150 ○ $300 ○ $500 ○ $1,000 ○ Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Any amount is greatly needed and appreciated)**

**Donor/Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Council\_\_\_\_\_\_\_\_Diocese\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**With a donation of $500 you will receive a blessed Lithograph of Our Lady of Guadalupe**

○ A Lithograph was presented at the time of donation. ○ A Lithograph needs to be shipped to donor.

**With a donation of $150 you will receive a beautiful certificate of thanks with a photo of a wheelchair recipient.**

**CERTIFICATE WILL READ: American Wheelchair Mission wishes to thank:**

**○ Donor (above) ○ Council Above**

**○ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For the Gift made:**

**○ No designation ○ In the Name of ○ In Honor of ○ In Memory of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**○ No Certificate Please**

**○ Check enclosed ( ○ *I am interested in attending a wheelchair distribution* )**

**Credit Card ○Visa ○MasterCard ○American Express ○ Discover**

**Name as it appears on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Mo Yr**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

▌ **PLEASE MAKE CHECK PAYABLE TO: AMERICAN WHEELCHAIR MISSION** ▌



**Mail Contribution(s) To:** **American Wheelchair Mission**

**Attn: Dan Moberg**

**560 W. Main Street, #C804**

**Alhambra, CA 91801-3376**

To donate online, scan the QR Code with a smart phone or visit

**WWW.AMWHEELCHAIR.ORG/DONATE**

In the Campaign Field select **“Knights of Columbus”**   
and in the Organization Field enter **Your Council Number.**

For more information please contact: E-mail **dmoberg@amwheelchair.org** - Phone (208) 457-0745

**American Wheelchair Mission is a 501(c)(3) tax free organization - Tax ID# 26-4571639**