



Name(s) _____
 Address _____
 City / State / Zip _____
 Telephone (Home) _____ (Work) _____
 Mobile _____ E-mail _____

YES! I have a Passion For Excellence and want to support the National Wrestling Legends Fund.

- | | |
|--|--|
| <input type="checkbox"/> \$ 50 - Partner | <input type="checkbox"/> \$ 1,000 - Champion |
| <input type="checkbox"/> \$100 - Friend | <input type="checkbox"/> \$ 2,500 - Hero |
| <input type="checkbox"/> \$250 - Associate | <input type="checkbox"/> \$ 5,000 - Legend |
| <input type="checkbox"/> \$500 - Team | <input type="checkbox"/> \$10,000 - Legacy |

"I am proud to support the Legends Fund and I urge you to join me in becoming a member today."

James Ravannack
 President, USA Wrestling
 Outstanding American

Benefits for the above memberships listed at left.

PLEDGE

I/we pledge \$ _____, with \$ _____ paid herewith and the balance of \$ _____ in
 Monthly Quarterly Semi-Annual Annual installments
 beginning _____ (month) _____ (year).
 Please send a reminder about pledge payments.

PAYMENT METHOD

- Enclosed is my check **made payable to Legends Fund.**
 Please charge \$ _____ to my: Visa MasterCard (No AMEX or Discover)

Credit Card Number _____

Exp. Date _____ / _____ Security Code _____ Billing Zip _____

Signature _____ Date _____

OTHER INSTRUCTIONS

- I/we would like to remain anonymous.
 I am interested in donating stock, real estate, or other property.
 I would like to make this gift

In Memory of _____

In Honor of _____

FOR QUESTIONS PLEASE CONTACT



USA Wrestling
 6156 Lehman Drive
 Colorado Springs, CO 80918
 Phone: 800-999-8531
 Fax: 719-696-9440



National Wrestling
 Hall of Fame & Museum
 405 W. Hall of Fame Avenue
 Stillwater, OK 74076
 Phone: 405-377-6243
 Fax: 405-377-6244

Please detach card and mail with donation to:
 Legends Fund
 c/o USA Wrestling
 6155 Lehman Drive
 Colorado Springs, CO 80918