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Supporter of



OFFLINE DONATION FORM

Fundraiser Information:

First and Last Name: Teri Provenza
Participant Campaign ID: 22706
Campaign Fundraiser Name: Sorensen Gross Annual Hero Golf Tournament
Event Type: 2024-2025 Host a Golf Event
Event ID: 628

Number of Checks Enclosed: _____

Total Amount Enclosed: \$_____

Please make sure all checks are made payable to Wounded Warrior Project and send to:

WOUNDED WARRIOR PROJECT
ATTN: COMMUNITY FUNDRAISING
P.O. Box 758525
Topeka, Kansas 66675-8525

Please note: If a check(s) donation is sent to WWP without this form, we cannot guarantee that the funds will be accurately attributed to your fundraiser.

For inquiries, please contact wwpfundraise@woundedwarriorproject.org.

Wounded Warrior Project will provide a tax acknowledgment for all donations made directly to Wounded Warrior Project. These acknowledgment letters will be sent to the address listed on the check(s).