



### Individual Contributor Agreement Form

Individual Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please check here to make contribution anonymous.

\*\*\*\*\*

Please confirm contribution level with a check in the appropriate box

**Contribution of: \$750-\$1000**

**Contribution of: \$500-\$749**

**Contribution of: \$250-\$499**

**Contribution of: \$100-\$249**

Contributions are made for one year. OWA is a 501(c)(6) membership organization. Contributions in this category are not tax deductible as a donation but may be considered a business expense. Consult your accountant.

**Please return this form with payment**

**PAYMENT OPTIONS**

You may choose from two convenient payment options:

**Check:** Make checks payable to the "OWA" and remit to: OWA, 14070 Proton Road, Suite 100, Dallas, Texas 75244

**Credit Card:** Complete the following information (must include the signature of the authorized user) and fax to (972) 490-4219, or mail to the OWA Headquarters (address above).

Type of Card:  Visa  MasterCard  American Express

Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV-Code: \_\_\_\_\_ Amount of Transaction: \_\_\_\_\_

Signature of Authorized User: \_\_\_\_\_