

Collex Collision Experts "Wheels of HOPE" Benevolence Car Program

Please fill out form completely. Your tax receipt and event invitation will be mailed to you at address provided.

Thank you for your donation.

Name: _____
Company Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____
Credit Card:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover (Circle One)
Card Number _____
Expiration (Month/Year) _____ Security Code # _____
Card Mailing Address: _____
City: _____ St _____ Zip _____
Signature _____

Please make out checks to: "Traffic Safety Association"

- I would like more information about program
- I would like an invitation to attend event on
December 13th