

United States Bowling Congress  
Printer Cartridge Recycling Fundraising  
Enrollment Form



Date

Name of Organization Telephone No.

Department or Program Fax No.

Address Suite No.

City/Town State/Province Postal Code

Contact Person E-mail Address

**Type of Organization:** Non-Profit Status?  Yes  No

**What is your primary reason for Fundraising?**

Youth League  Tournament Travel Expenses  Scholarship Fund  High School Bowling  College Bowling

Other: designate \_\_\_\_\_

**Who will be your InkBank project coordinator?**

Name Title Telephone No.

Address Suite No.

City/Town State/Province Postal Code

E-mail Address

**Would you like to receive official InkBank correspondence (Newsletters, Checks, Updates) ?**  Yes  No

Send to organization address  InkBank Coordinator's address

*If you would like other administrators, committee members or VIP's within your organization to receive electronic (e-mail) updates and newsletters, please provide their e-mail address below:*

Name E-mail Address

\_\_\_\_\_

\_\_\_\_\_

Please return this completed enrollment form to:

InkBank, Inc.

Toll Free: 1-888-446-5226 Fax: 1-888-465-3294

[info@inkbank.com](mailto:info@inkbank.com)