



One Pledge Sheet per sponsor

Team Name:
Head Coach Name:
Head Coach Phone #:
State Association Name:
EVENT DATE: 26-Apr
Website:

Donor Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

Athlete's average broken out of 100 targets shot:

Athlete's Name: _____

Pledge Schedule: Check box

Flat Donations:

\$10	<input type="text"/>
\$20	<input type="text"/>
\$50	<input type="text"/>
Other	\$ <input type="text"/>

Per Target Broken:

\$0.10	<input type="text"/>
\$0.20	<input type="text"/>
\$0.30	<input type="text"/>
Other \$	<input type="text"/>

Signature of Sponsor: _____ **Date:** _____

I agree to sponsor the amount listed above and I am aware that this donation is 100% tax deductible per non profit 501 c 3 classification by the Internal Revenue Service. Please make check out to _____ (team name). 10% of the funds raised will go to _____ (charity name).

Thank you for your support