



One Pledge Sheet per sponsor

EVENT DATE:

Team Name:
Head Coach Name:
Head Coach Phone #:
State Association Name:

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

Athlete's average 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 _____ . _____% of the funds raised will go to _____.

Thank you for your support