



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

One Pledge Sheet per sponsor

EVENT DATE **April**

Donor Name: _____

Address: _____ City _____ Zip _____

Contact Information: Phone _____ Email _____

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