



DONOR/SPONSORSHIP FORM

Donor name(s) _____

Program Listing _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

By signing below, I/we are committing to the following donation/pledge to MCYH

Amount: _____

To Be Used For: Capital Campaign Item _____

Notes: _____

PAYMENT INSTRUCTIONS

___ I am fulfilling the entire pledge at this time.

___ I will pay the entire pledge on or before _____ (please send me an invoice two weeks prior).

___ I would like to be billed in ___ installments of \$ _____ Monthly/Yearly _____ Beginning on _____

___ Check enclosed (payable to Mason City Youth Hockey)

___ Please charge my: ___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number _____ Expires _____ CVV Code _____

___ Other method of payment _____

First Right of Refusal following end of term

CONFIRMATION

Signature _____ Date _____

Mason City Youth Hockey is a Iowa 501(c)3 Non-Profit Corporation, Federal Tax ID 42-1083935.
All donations all tax-deductible for the full amount less the value of any goods and/or services received.

THANK YOU FOR YOUR SUPPORT!