

Waconia Baseball Grandstand Project



Waconia Baseball Association

www.waconiabaseball.com

waconiabaseballassociation@gmail.com

Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: one time gift yearly (up to 5 years)

I (we) plan to make this contribution in the form of: cash check donor request other.

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Waconia Baseball Association
555 Ravencroft Road
Waconia, Minnesota 55387