



Bob Tereshinski Field Pledge Form

Donor Information (please print)

Name _____

Billing Address _____

City _____ Zip _____

Phone _____ Home Cell

Alt. Phone _____ Home Cell

Email _____

Pledge Information

I (we) pledge a total of \$ _____

Payable: now monthly quarterly yearly Payment Amount: \$ _____

I (we) plan to make this contribution in the form of: cash check credit card other: _____

I authorize MMC to bill my credit/debit card: Visa Mastercard Discover American Express

Card # _____ VRU # _____ Exp. Date ____/____/____

Authorized Signature _____

Your gift to the Bob Tereshinski Field Project will be acknowledged on a permanent plaque at the field.

MVP - \$10,000 to \$100,000
Grand Slam - \$5,000 to \$9,999
Home Run - \$1,000 to \$4,999
Triple - \$750 to \$999
Double - \$500 to \$749
Single Level - Up to \$499

Acknowledgement Information

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

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

X _____

Signature(s)

Date