



PLEDGE FORM

THANK YOU FOR YOUR SUPPORT.

EXCELLENCE

AT EVERY LEVEL

DONOR INFORMATION

NAME(S) _____
ADDRESS _____
CITY, STATE, ZIP _____
DAY/EVENING PHONE _____
EMAIL _____

Thank you for your support!

Hudson Hockey Association is a 501(c)(3) nonprofit organization (Tax ID # 39-1296587) and your contribution is tax-deductible to the fullest extent of the law. All pledges must be fulfilled by June 30, 2025. Donor(s) have the right to terminate or cancel their commitment upon change in their personal or financial situation.

For cash donations - please make checks payable to Hudson Hockey Association - Capital Campaign, and send with a copy of your pledge form to Hudson Hockey Association, ATTN: Treasurer, 1820 Hanley Rd, Hudson, WI 54016.

For online donations and monthly pledges - please send your pledge form to HHA at address above and then go to www.ExcellenceAtEveryLevel.com to make your gift. Contact HHA Treasurer at treasurer@hudsonhockey.com for gifts of stock and appreciated assets.

DONOR RECOGNITION

☐ PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGEMENTS AND PUBLIC RECOGNITION.

☐ I/WE WISH TO REMAIN ANONYMOUS (NO PUBLIC ACKNOWLEDGEMENT OR RECOGNITION).

PLEDGE

IN CONSIDERATION OF THE GIFTS OF OTHERS, IT IS MY/OUR DESIRE TO PLEDGE A TOTAL OF \$_____ TO THE HUDSON HOCKEY ASSOCIATION'S EXCELLENCE AT EVERY LEVEL CAMPAIGN.

MY/OUR GIFT SHALL BE PAID IN

PLEASE CHECK ONE

☐ A SINGLE GIFT ON

DATE _____

☐ ANNUAL ☐ QUARTERLY
☐ SEMI-ANNUAL ☐ MONTHLY

PAYMENTS OF \$_____ UNTIL FULFILLED.

☐ PLEASE SEND ME/US PAYMENT REMINDERS

☐ MY/OUR GIFT WILL BE MATCHED BY _____

PLEASE SELECT ONE

COMPANY

FOUNDATION

FAMILY

PLEASE SELECT ONE

☐ I/WE ☐ DO ☐ DO NOT WANT THIS PLEDGE TO BE AN OBLIGATION OF MY/OUR ESTATE(S) AND HAVE SO INFORMED RELEVANT INDIVIDUALS AND PARTIES.

SIGNATURES

SIGNATURE 1 _____ DATE _____

SIGNATURE 2 _____ DATE _____