



Iowa Youth
Rugby Association

Donation / Pledge Form

1. Contributor Information – Please Print (*Your personal information is kept confidential*)

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I authorize the Iowa Youth Rugby Association to publish my name in recognition of my gift.

2. Gift

- \$10,000 \$ 2,500 \$500 \$100
- \$ 5,000 \$ 1,000 \$250 Other: _____
- A Reoccurring Donation As Follows:

\$ _____ Every _____ (Quarter/Year), Amounting to a Total of \$ _____

3. Purpose

- General Fund (unrestricted) Growth High Performance
- Player Scholarships Team: _____
- In Memory Of: _____
- In Honor Of: _____

4. Payment

- Check (**Payable to Iowa Youth Rugby Association**) Credit Card Visa/Master Card/American Express (a 3% credit card usage fee will be applied to all credit card payments)

Card Number: _____ Exp. Date: ____ / ____ Security Code: _____

Name On Card: _____ Signature: _____

Billing Address (if different than above): _____

City: _____ State: _____ Zip: _____

MAIL FORM & PAYMENT TO:
Iowa Youth Rugby Association
3775 EP True Pkwy #136
West Des Moines, IA 50265