

Puck Wall Pledge Form

Mason City Youth Hockey
Puck Wall
Capital Campaign



I would like to support MCYH by my selection below:

___ Bronze Level: \$150.00 (Paid in Full upfront)

___ Silver Level: \$300.00 (Paid over 3 years)

___ Gold Level: \$500.00 (Paid over 5 years)

I would like my puck to say:

I would like to contribute in other ways:

___ Contribute \$_____ for ___ years.

___ Please contact me. I have other thoughts to share

Payment:

___ My check is enclosed, made payable to: _____

___ Please charge my Visa/MC # _____ Exp. _____

___ Please contact me about paying my pledge with stock.

___ My company will match my gift

We will bill you in (January) for your annual payment, unless you request otherwise.

Signature: _____

Date: _____ Name: _____

Organization: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____