

# GIFT DESIGNATION FORM



## DONOR INFORMATION:

Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

## CONTRIBUTION INFORMATION:

Gift Amount: \$ \_\_\_\_\_

**\* Donations are Tax Deductible**

Receipt Requested:

Cash

Check

Credit Card

Yes

No

\* To make a credit card donation  
Call 469-364-3807

*Designate the amount to be applied towards a team and/or specific players on a team*

The Donation should be applied to:

The Team account of: \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
*Team Name Amount of Donation*

or

A specific player(s) account(s) :

Name of Player \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Team Name \_\_\_\_\_ *Amount of Donation*

Apply to :

Dues

Uniform

Travel

Other

Name of Player \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Team Name \_\_\_\_\_ *Amount of Donation*

Apply to :

Dues

Uniform

Travel

Other

Name of Player \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Team Name \_\_\_\_\_ *Amount of Donation*

Apply to :

Dues

Uniform

Travel

Other

## AGREEMENT and SIGNATURE

Thank you for supporting the Sting Soccer Foundation. The Sting Soccer Foundation is a 501 (c) 3 public charity. The Sting Soccer Foundation does not sell, or make available for sale, or authorize the sale of any donor data. When complete, this document constitutes your commitment to donate the designated amount above to the Sting Soccer Foundation. Please return your completed and signed agreement to the address below:

Signature \_\_\_\_\_ Date \_\_\_\_\_