

# Turf of Dreams



Pike County Little League

Est. 1954

### Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly  
I (we) plan to make this contribution in the form of:  cash  check  credit card  other \_\_\_\_\_  
Credit card type | Exp. date \_\_\_\_\_  
Credit card number \_\_\_\_\_  
Authorized signature \_\_\_\_\_  
Gift will be matched by (company/family/foundation) \_\_\_\_\_  
 form enclosed  form will be forwarded

### Acknowledgement Information

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

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

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please make checks, corporate matches,  
or other gifts payable to:

Pike County Little League  
PO BOX 4  
Pittsfield, IL 62363