



Jonathan Bender Foundation Donation and Pledge Form

Donor Details: (A receipt will be issued in the following name. Please print clearly)

Name: _____

Company Name: (if required on receipt) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (home or business) _____ Cell#: _____ Fax: _____

E-Mail: _____ Web Site: _____

Donation: *Please find enclosed my tax deductible donation of:*

- \$25,000 **Platinum:** Corporate Sponsor- Donor listed and logo on all Foundation materials and press
- \$10,000 **Gold:** League MVP - Donor listed and logo on all Foundation materials
- \$ 5,000 **Silver:** All Star Selection - Donor listed and logo on all Foundation materials
- \$ 2,500 **Bronze:** First Round Draft Choice- Donor listed and logo on all Foundation materials
- Other donations specify:** _____

• All donors receive special recognition at Foundation annual major fundraising event

Donation frequency: I would like this donation to be (please check appropriate box):

- One time donation*
- The above amount now, and then annually for the next _____ years, paid during the month of _____*

I would like my gift to benefit:

- Scholarship program Educational programs Health related programs
- Athletic programs Unrestricted

Signature: _____ **Date:** _____

I understand that any gift intention is not binding and may be altered by me/us should circumstances necessitate

Payment Details: (Please indicate your payment details by ticking the appropriate box)

- Check* Cash Visa Bankcard Amex** MasterCard

**Please make checks payable to the Jonathan Bender Foundation*

P.O. Box 460910, Kenner La. 70064

Card Holder: _____ Amount \$ _____

Card Number: _____ **Amex Code _____ Expire ____ / ____

Card Holder Signature: _____ Date: _____