

THE PLAYERS



Charitable Contribution Agreement Pledge

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Total Pledge: _____

The gift is to be paid in a _____ Lump Sum _____ Installments of _____ each per _____

Please indicate: Check payable to "The Players" is enclosed

Please charge Credit Card No. _____ Exp. Date: _____

Description of securities: _____

(Note: The Players does not retain credit card numbers on file.)

What names would you like to be recognized? _____

Signature: _____ Date: _____

Signature: _____ Date: _____

The Players is an 501(c)(3) charitable organization and your gift is tax deductible to the extent permitted by law. The Players relies upon the timely payments of pledges to meet its financial needs. Thank you!