MHS MEMORIAL FIELD PROJECT 2010

Name _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (B) _____

E-mail _____

- ☐ My check is enclosed
- ☐ I wish to donate by credit card. My credit card information is on the back of this card.
- ☐ I wish to donate stock. We will contact you
- ☐ My company has a Matching Gift Program
- ☐ I wish to remain anonymous

I wish to donate:

☐ All Star	$25,000
☐ MVP	$10,000
☐ National Champion	$5,000
☐ State Champion	$2,500
☐ Coaches' Favorite	$1,000
☐ Most Improved Player	$500
☐ Die Hard Fan	$250
☐ Field Supporter	$ _____

All Payments due November 1st

Please make checks payable to **Fields for Kids** (we are a 501 3(C), P.O. Box 912, Larchmont, NY 10538.

Your gift is tax deductible. For additional information regarding the project or naming opportunities please e-mail info@fieldsforkidsmamk.org.

Authorization of Credit Card Payments:

Please charge my: ☐ VISA ☐ MasterCard ☐ American Express for $ _____

Please charge my card: ☐ one time ☐ each month for ____ months.

Card # | | | | | | | | | | | | | | | | Exp. Date | | | | |

Cardholder's Name _____

(Please Print)

Authorized Signature _____ Date _____

For more information please E-mail info@fieldsforkidsmamk.org