



DONATION FORM

YES! I (we) would like to support Team Overtime Basketball Club and its mission to offer a competitive alternative to aspiring basketball athletes in an encouraging sports environment.

DONOR INFORMATION (please print clearly)

Donor/Company Name(s) _____

Street Address _____

City _____

State _____ Zip _____

Best Email _____ Personal Work

Best Phone _____ Home Mobile Office

PLEDGE INTENT

It would be my (our) pleasure to contribute a monetary pledge toward your annual goal of \$40,000. Enclosed is an endowment for \$ _____ that I (we) intend to donate Now Annually Semi-annually

I'd prefer to pay by credit card, please contact me immediately with payment instructions

I'd prefer to keep this donation confidential

I would like my donation applied toward Scholarships Coaching Equipment Team Activities/Events

Operations As Needed Other _____

I confirm that all information listed above is accurate to my knowledge. By signing this document, I acknowledge that I fully understand the nature of this pledge agreement and it's intended purpose.

Signature _____ Date _____

*Pledge Class: **Starter** \$1 - \$999 **Captain** \$1,000 - 4,999 **MVP** \$5,000 - \$9,999 **Hall of Fame** \$10,000+*

Please mail this pledge agreement and your donation to:
Team Overtime Basketball Club Inc. | P.O. Box 122 | White Plains, NY 10603

*All donations are tax deductible

Team Overtime would like to thank you very much for your support!