CONTRIBUTION & PLEDGE

	edge and agree to pay the Tri				
Sp	orts Complex committee for t	the new			
	park project.				
	I/ We wish to make a one-time gift of				
\$					
	I/ We wish to make a total contribution of				
\$	paid over 3 <mark>ye</mark> ars.				
	This contribution is payable be	eginning			
	on:				
	(Month) (Recurring Day)	(Year)			
	I/ We will make equal paymen	ts of the			
	balance as follows:				
	□Monthly				
	□Quarterly				
	□Annually				
	My employer wil <mark>l m</mark> atch this gift.				
Coi	pany Name:				
P	se enclose a matching gift form or comp	10 PH PRODUCT COLUMN 2 PR			
_	act information from your Human Resou	ırces			

AUTHORIZATION FOR DIRECT DEBIT

Bank Name:			
Account Number:			
Bank Routing Number:			
Checking			
□Savings			
Authorization required for Direct Debit.			
I authorize the Tri-County Sports Complex to			
debit my account in accordance with the			
information specified on this form. I			
understand that this authority will remain in			
effect until the termination date or I provide			
reasonable notification to terminate the			
authorization.			

PLEASE MAIL ALL FORMS AND PAYMENTS TO:



Signature

Tri-County Sports Complex 304 W 1st St Sumner, Iowa 50674

Date

CONTACT INFORMATION

We urge your thoughtful consideration of this project for the new Tri-County Sports
Complex. Please show your support by completing and returning this form at your earliest convenience.

The following is my preferred address for all gift acknowledgements and correspondence:

Name:	1 2 2555 2555 2555
Address:	101111111
City/ State/ Zip:	
Phone:	
Email Address:	

Naming Opportunities

Complex	\$300,000
Softball Field	\$50,000
Playground	\$20,000
Dugouts	\$15,000
Picklehall Cour	+ \$10,000

Benches/ Bleachers.....\$2,000

Baseball Field.......\$75,000
Pavillion/Shelter.....\$20,000
Recreational Path....\$15,000
Tennis Court......\$10,000
Basketball Court.....\$10,000

DONOR RECOGNITION

All contributions of \$500 or more will be recognized on a public display located on the complex grounds. Contributions will be recognized based on the information you provide below:

- ☐ Please list my / our names as:
- I prefer to remain anonymous. Please do not publish my name as a donor.
- ☐ This contribution is made in honor of:
- ☐This Contribution is made in memory of:

