

DONATION FORM



*Dedicated to improving the lives of
Connecticut's youth by supporting athletic
and educational endeavors.*

DONOR NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

Are you a Sun Season Ticket Holder? Yes No

How would you like your name to appear in the Connecticut Sun Annual Report, if different than above?

I/We will make a one-time **donation** to the Foundation.

I/We will make a **pledge** to the Foundation and I wish to be billed.

_____ Quarterly _____ Monthly

All pledges are payable over the next 12 months, starting with the date of your initial payment.

PLEDGE LEVELS

\$1000 Slam Dunk \$50 Fast Break

\$500 Jump Shot Other \$ _____

\$250 Lay-Up

Payment Amount Enclosed: \$ _____

METHOD OF PAYMENT

Amex Visa MC Disc. Check # _____

Make Checks Payable to: Connecticut Sun Foundation

CREDIT CARD#

EXPIRATION DATE

NAME ON CARD, IF DIFFERENT THAN DONOR

BILLING ADDRESS, IF DIFFERENT THAN ABOVE

CITY

STATE

ZIP

Your credit card will be automatically charged on payment schedule selected above.

DONOR SIGNATURE

DATE

All gifts qualify for tax credit or deduction to the fullest extent provided by the law.

Connecticut Sun Foundation
One Mohegan Sun Boulevard
Uncasville, CT 06382
860-862-4000

Top Copy: Mail to Connecticut Sun Foundation **Bottom Copy:** For Donor Records