PARKETTES
Official USA Gymnastics Training Center
Where Champions Are Made - In Gymnastics and in Life

Commitment to Parkettes

Name: _____

Address: _____

City/State/ZIP: _____

My Personal Commitment

Total Commitment: $_____

Initial Gift Amount: $_____

Remaining Pledge Balance: $_____

Potential Matching Gift: $_____

Planned Gift Amount: $_____

Payment Option #1: Scheduled Pledge Reminders

$_____ for **____ years**, beginning _____ and ending _____

Begin Reminders: _____

Reminder Frequency:
☐ Annually
☐ Semiannually
☐ Quarterly

☐ Initial payment enclosed
(Payable to Parkette National Gymnastics Team, Inc.)

☐ Charge first pledge payment to my credit card.

Payment Option #2: Monthly Recurring Payments

$_____ monthly, beginning _____

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☐ Bank Draft *(attach voided check)* ☐ Credit Card

Gift Designation

☐ Financial Assistance
☐ Scholarship Fund
☐ Equipment
☐ Athlete Development
☐ Coach Education
☐ Facility Improvements
☐ Greatest Need
☐ Other: _____

Recognition

☐ Please recognize: _____

☐ I/We wish to remain anonymous.

Publicity

May Parkettes publicize your gift?

☐ Yes
☐ No

Credit Card Information

Name on Card: _____

Card Type:
☐ VISA
☐ MasterCard
☐ AmEx

Card Number: _____

Expiration Date: _____

CVV: _____

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Corporate Matching Gifts

☐ My employer offers a matching gift program.

Company: _____

Matching gifts should reference **Parkette National Gymnastics Team, Inc.**
EIN: 23-2046090

Authorization

My signature confirms my commitment to Parkettes and authorizes payment as indicated above.

Signature: _____

Date: _____

Questions?

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