

Your donation keeps our program growing. Please return this pledge card today.

Yes, I agree to donate \$_____ per month (\$20 or 50) \$_____ one-time (\$64 or \$100) \$_____ other

PAYMENT OPTIONS:

EFT Debit to Bank Account (Monthly)

This form authorizes The Playmakers to deduct amount above from my account.

Name of Bank: _____

Name on Bank Account _____

Checking Account# _____

Routing code (9 digits)# _____

If paying by check, please make check payable to THE PLAYMAKERS ORGANIZATION.

With your signature you agree to your commitment to The Playmakers Organization. All private information will be handled with the utmost care and confidentiality. Thank you for your donation.

Signature _____ Date _____

Credit Card Payment

(please circle one): Visa Discover Mastercard Amex

Name on Credit Card _____

Billing Street Address _____

City State Zip

Card Number: _____

Expiration Date: _____ 3-digit code: _____



www.ThePlaymakers.org
916-220-1284

PLAYMAKERS

BUILDING YOUTH TO LEAD AND SERVE

2795 E. Bidwell Street #100, Folsom CA 95630 • www.ThePlaymakers.org • 916-220-1284

Monthly Donation Form

Your support helps us empower youth with academic knowledge and core principals that will help them succeed in the future.

Your donation keeps our program growing. Please return this donation form today.

Yes, I agree to donate : \$_____ per month (min. \$10) \$_____ one-time (min \$60)

CONTACT INFORMATION:

Please Print Clearly

Business Name: _____

Contact Name: _____

Contact Email: _____

Phone: Home Work Mobile

With your signature you agree to your commitment to The Playmakers Organization. All private information will be handled with the utmost care and confidentiality. Thank you for your donation.

Signature _____

Date _____

The Playmakers Foundation is a 501(c)(3) non-profit organization. ID: 26-4648226

PAYMENT OPTIONS:

Write a check

Amount _____ Check # _____

Please send check to above address.

PayPal Monthly Payment

This option authorizes The Playmakers to deduct specified amount above from my account on the 1st or 15th day of the month. You will be sent an authorization form to the email address you provide.

Credit/Debit Card Payment Information

(please circle one): Visa Discover Mastercard Amex

Name on Credit Card _____

Billing Street Address _____

City _____ State _____ Zip _____

Card Number: _____

Expiration Date: _____ 3-digit code: _____

Pay Pal Invoicing

Email Address: _____

Mobile Phone: _____

Thank you for your donation. We encourage our donors to visit our program. You can learn more on our website www.theplaymakers.org/visit

Please check here if you are interested in visiting our program or becoming a mentor:
Questions? You can contact Coach Roz directly at (916) 220-1284.