

Volunteer Rugby Foundation

Pledge Form

Donor Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Pledge Information

I pledge to contribute to the Volunteer Rugby Foundation 3 Year Capital Campaign:

- | | | | |
|--------------|-----------------------------------|---|--------------------------------|
| ___ \$10,000 | <input type="checkbox"/> Enclosed | <input type="checkbox"/> \$3,333 per year for 3 years | <input type="checkbox"/> Other |
| ___ \$ 6,000 | <input type="checkbox"/> Enclosed | <input type="checkbox"/> \$2,000 per year for 3 years | <input type="checkbox"/> Other |
| ___ \$ 3,000 | <input type="checkbox"/> Enclosed | <input type="checkbox"/> \$1,000 per year for 3 years | <input type="checkbox"/> Other |
| ___ \$ 1,500 | <input type="checkbox"/> Enclosed | <input type="checkbox"/> \$ 500 per year for 3 years | <input type="checkbox"/> Other |
| ___ \$ 750 | <input type="checkbox"/> Enclosed | <input type="checkbox"/> \$ 250 per year for 3 years | <input type="checkbox"/> Other |
| ___ \$ 300 | <input type="checkbox"/> Enclosed | <input type="checkbox"/> \$ 100 per year for 3 years | <input type="checkbox"/> Other |
| ___ Other | \$ _____ | | |

Donation Payment Information (if applicable)

I will make payments towards my pledge as follows:

- Annually Quarterly Monthly

___ This donation is eligible for a corporate matching gift (attach form if applicable)

___ I would like to receive information on UT Rugby's Corporate Giving Program

Thank you for your support of rugby at the University of Tennessee. With the return of your commitment to the foundation, we will send you an official Volunteer Rugby Foundation necktie that we hope you will wear with pride.

Donor Signature

Date

Questions? Contact Marty Bradley at (865) 805-5029 or mbradley@kpcu.org

P. O. Box 52654
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www.VolunteerRugby.com