

GOING YARD FOR THE CURE

PLEDGE FORM

Donor Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

PER HOMERUN

I would like to pledge:

- \$1 per homerun
- \$2 per homerun
- \$3 per homerun
- \$5 per homerun*
- Other \$_____ per homerun

FLAT DONATION

Please accept my flat donation of:

- \$25
- \$50
- \$75
- \$100
- Other \$_____

Please cap my donation at \$_____.

Payment Options:

- Check/Money Order (payable to American Cancer Society)
- Visa
- Discover
- American Express
- Mastercard

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card #: _____ Sec Code: _____ Exp Date: _____

Signature: _____

*donations of at least \$5 per homerun will receive a Coastal Carolina Softball t-shirt Size: _____

Mail to:
Coastal Carolina Softball
PO Box 261954
Conway, SC 29528

or Email to: KRefsnyd@coastal.edu

any questions please call Assistant Coach Kate Refsnyder (843)349-6621