

CAPITAL CAMPAIGN FOR THE GORDIE HOWE SPORTS COMPLEX

NAME YOUR SEAT

Donor Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____ Phone #: _____

Seat Naming Options:

1 seat (\$300+ donation) 2 seats (\$500+ donation) 3 seats (\$800+ donation) 4 seats (\$1000+ donation)

Name/Tribute Information: *Max. 22 characters/line, including spaces*

1

Field: SMF Cairns Leakos JGF BVI

Line 1: _____

Line 2: _____

Line 3: _____

2

Field: SMF Cairns Leakos JGF BVI

Line 1: _____

Line 2: _____

Line 3: _____

3

Field: SMF Cairns Leakos JGF BVI

Line 1: _____

Line 2: _____

Line 3: _____

4

Field: SMF Cairns Leakos JGF BVI

Line 1: _____

Line 2: _____

Line 3: _____

Pledge:

I /We pledge a total donation of \$ _____ to the Friends of the Bowl Foundation

payable over _____ years/ _____ months *OR* as a one-time payment. Donation Start Date: _____

Payment Options:

Cheque Annual Semi-Annual Monthly Single Payment

Payable to: Friends of the Bowl Foundation

Visa / MasterCard Annual Semi-Annual Monthly Single Payment

Card Number: _____ Expiry: _____ / _____

Card Holder Name: _____

Signature: _____ **Date:** _____

Mail: Friends of the Bowl Foundation, 1624 33rd St W., PO Box 30032 Westview, Saskatoon, SK. S71 0X3

E-mail: info@gordiehowesportscomplex.ca

gordiehowesportscomplex.ca

