

SARATOGA ROWING ASSOCIATION
BOATHOUSE CAPITAL CAMPAIGN
PLEDGE FORM

Name _____ Date _____

Address _____

City, State, Zip _____

Preferred Telephone Number _____

E-mail Address _____

DONOR LEVELS

- | | | | |
|-----------------------------------|----------------------|---------------------------------------|---------------------|
| <input type="checkbox"/> Champion | \$50,000 and up | <input type="checkbox"/> Blue & White | \$3,000 to \$4,999 |
| <input type="checkbox"/> Gold | \$25,000 to \$49,999 | <input type="checkbox"/> 2K Club | \$2,000 to \$ 2,999 |
| <input type="checkbox"/> Silver | \$10,000 to \$24,999 | <input type="checkbox"/> 1K Club | \$1,000 to \$1,999 |
| <input type="checkbox"/> Bronze | \$5,000 to \$9,999 | <input type="checkbox"/> Friend | Up to \$999 |

GIFT OPTIONS

- Enclosed is my/our one-time gift of \$ _____
- I/We wish to pledge a total of \$ _____ to be paid as follows (over a 2-year period):
- \$ _____ monthly, beginning on _____ (month/date/year)
- OR** \$ _____ four times a year, beginning on _____ (month/date/year)
- OR** \$ _____ twice a year, beginning on _____ (month/date/year)
- OR** \$ _____ annually, beginning on _____ (month/date/year)

PAYMENT OPTIONS *(Please check appropriate boxes.)*

- I wish to pay by check payable to Saratoga Rowing Association. *(SRA will send reminder notices when necessary.)*
- I wish to make electronic payments. Please contact me.
- Please charge my credit card this time only for all payments
- Visa MasterCard

Account number _____

Expiration month/year _____ / _____ Signature _____

If mailing this form, send to: P.O. Box 750 • Saratoga Springs, NY 12866

For questions, please call the SRA Boathouse Campaign line at (518) 934-8717 or email: info@saratogarowing.com

Thank you for your generous support of the new boathouse!
Your gift is tax deductible.