



Campaign for Former Players, Coaches and Staff

YES! I would like to support our TeamMates Matches with a donation!

Date: _____

Donor Recognition Name: _____

Contact name (if different): _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

Donor Signature (to confirm multi-year pledge): _____

Former Player/Position/Affiliation/Dates: _____

Please accept my donation of: \$ _____

I pledge this amount annually.
Circle: 2 3 4 5 years.
For a total gift of: \$ _____

I would like to remain anonymous

Send me information on becoming a TeamMates Mentor.

Bill me in: _____
(month)

Apply my donation where it is most needed.

OR

Apply my donation to: _____

Please return this form to:
TeamMates Mentoring Program
6801 O Street
Lincoln, NE 68510
Phone: 402-323-6252

Or make your donation online at www.teammates.org and click "Donate Now"