

SAVE PACIFIC HOCKEY DONOR PLEDGE FORM



**Purpose:** To provide a means for those who wish to make a one-time gift via check and/or pledge a future gift to the Save Pacific Hockey effort. Your future pledges help us in financial planning to secure the program with the University of the Pacific administration and athletic department.

**Instructions:**

- Only fill out this form if you are sending a check or making a future pledge.
o To make an online donation via credit card, please visit, https://savepacifichockey.com
Fill out the form via your computer or you can print the form and fill it in by hand.
If you're sending a check, mail the check and the completed form to: Save Pacific Hockey c/o Community Foundation of San Joaquin, 6735 Herndon Place, Suite B, Stockton CA 95129
If you are pledging only, scan or take a picture of the completed form and email to: jointheroar@savepacifichockey.com
You will receive confirmation of receipt of your check and/or your pledge from our 501c3 partner, Community Foundation of San Joaquin on behalf of Save Pacific Hockey.

**GIFT DETAILS**

Full Name (First, Last): \_\_\_\_\_

Full Name (First Last): \_\_\_\_\_

Firm or Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Check One or Both ☺:**

[ ] One-time gift. Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to "Community Foundation of San Joaquin". Please indicate "Save Pacific Hockey" in the memo line.

[ ] Pledge: I/We hereby pledge \$ \_\_\_\_\_ to cover costs of the University of the Pacific field hockey program or to be put towards the endowment of the program. Please bill me/us:

[ ] One-time [ ] Monthly [ ] Quarterly [ ] Semi-annually [ ] Annually

For \_\_\_\_\_ payments of \$ \_\_\_\_\_ with the first payment due on or before (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Any pledges placed in endowment will be returned if the program is not reinstated by the 2022 season.

**Recognition:** Please recognize my/our gift with the following names

[ ] I wish to remain anonymous OR [ ] Names \_\_\_\_\_

**Pledge Signatures (only necessary if you're pledging):**

Donor Signature and Date \_\_\_\_\_

Donor Signature and Date \_\_\_\_\_