



725 Avenue G
PO Box 433
Fort Madison, IA 52627

OLD FORT PLAYERS DONATIONS/SPONSORSHIP

Donor Information: ☐ Individual ☐ Organization/Company Date: _____

Name: _____

Address: _____

City: _____

Phone: _____ Email: _____

Donation Amount \$ _____ Payment Method: ☐ Cash ☐ Check # _____

- ☐ **DONOR -- Less than \$100**
☐ **RUBY -- \$100 to \$249 (2 Season Tickets)**
☐ **SAPPHIRE -- \$250 to \$499 (3 Season Tickets)**
☐ **DIAMOND -- \$500+ (4 Season Tickets)**

If Donation Made as a Tribute: ☐ In Memory of ☐ In Honor of ☐ Other _____ ☐ Remain Anonymous

Name of Person(s): _____

OFP ONLY: _____ Donor Spreadsheet _____ Thank You _____ Deposit \$ _____