



#LETSGOSHOOTING

One Pledge Sheet per sponsor

Team Name:
Head Coach Name:
Phone Number:
State Org Name:

EVENT DATE:

Donor Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Athlete's average out of 100 targets shot:

Athlete's Name: _____

Pledge Schedule: Check box

Flat Donations:

\$10
\$20
\$30
Other

Per Target Broken:

\$0.10
\$0.20
\$0.30
Other

Signature of Sponsor: _____ Date: _____

I agree to sponsor the amount listed above and I am aware that this donation is 100% tax deductible per non-profit 501 c 3 classification by the Internal Revenue Service.

Please make check out to (team name): _____

_____% of the funds raised will go to (Local or Children's Charity Organization) _____

Thank you for your support