2017 Home Run Derby

10 Years of Miracle League

PLEDGE FORM

462 Stevens Ave, Suite 201
Solana Beach CA 92075
Tax ID: 20-2669967

Participant Name: _____ MLSD Team (if applicable)_____
Address: _____City: _____State: _____Zip:_____
E-mail: _____Phone_____

Donor Name	Donor Complete Address	Phone Number (required)	E-mail	$ Pledge Per Home Run	Total	Cash/Check	Recv'd

•Please photocopy this form or print another form from our website if you need extras- www.miracleleagueofsandiego.org
•Make checks payable to Miracle League of San Diego
•Collect the money when the donor agrees to contribute or after you have hit your home runs
•All donations must be collected and submitted by May 6, 2017

Total Number of Donations: _____
Total Dollar Amount of Donations: $ _____

The information you provide will be used to provide tax receipts and keep you informed of other events and fundraising opportunities, in support of the Miracle League of San Diego. If at any time you wish to be removed from our list, simply contact us at (858) 964-2222.