

ParticipantName: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Donor Name	Donor Complete Mailing Address	E-mail(required)	\$ Pledge Per Home Run	Total	Cash/Check

- Please photocopy this form or print another form from our website if you need extras-  
[www.miracleleagueofsandiego.org](http://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 12, 2019

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.