

LOMPOC COMMUNITY

TRACK & FIELD

Pledge Card

Yes, I want to be a part of the next 50 years of Huyck Stadium! Please use my gift to give our children, our athletes and our adult community members a free and safe place to exercise, compete, connect, and recreate.

I pledge to contribute \$_____ to the renovation.

Name: _____

Signed: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I would like to make payments:

- One-time, payable on _____
- Annual installments of \$_____, payable on _____ (month or date)
- Monthly payments in the amount of \$_____ per month for _____ months
- Please contact me to make specific arrangements

Method of Payment

- Enclosed is my check, payable to the Lompoc Valley Community Healthcare Organization (LVCHO)
- I authorize LVCHO to charge payments as described above to my credit card

Account # _____ Visa MasterCard Discover Amex

Exp. Date ____/____ Signature: _____

Please let us know how you would like to be recognized in donor materials. These materials will be public, so if you wish to remain anonymous, please indicate that below:
