



## 2024 Season - Rox Community Foundation Pledge Per WIN Campaign

### Donor Information

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### If Pledge to be charged monthly by Credit Card, please complete this section:

Please charge my credit card:  AMEX  Discover  Master Card  Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ 3-Digit Security Code: \_\_\_\_ 4-Digit AMEX Code \_\_\_\_

- I hereby grant permission for the Rox Community Foundation to charge my credit card account once-a-month basis (July 1, August 1, Sept. 1) based on the pledge amount I have agreed to donate for each Rox Win during the 2024 regular season/playoffs.
- I prefer that the Rox Community Foundation charge my credit card in Full at one time on August 30, 2024 once the complete regular season/playoff schedule has been completed.

Please check the space below that represents your Pledge Donation

\$1.00 Per  \$5.00 Per  \$10.00 Per  \$15.00 Per  \$20.00 Per  \$25.00 Per

Other (\$\_\_\_\_\_ Per)

For further information, please contact: Rachel Thiesse c/o Rox Community Foundation:

E-Mail: [rachel@stcloudrox.com](mailto:rachel@stcloudrox.com)