



SPONSORSHIP PLEDGE

Name/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I (we) wish to make a One time Recurring donation in the amount of \$_____

Recurring Donation Date: _____ of: Monthly
 Quarterly
 Annually

Payment Information

Cash Check Credit Card Other (Securities, Wills, Trusts, Grants, etc.)

(If other, contact: Nikki Moore, ETFCU Financial Group at (812) 469-9909 or themooreteam@etfcu.org)

Name on Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ CVV: ____

Acknowledgment Information

Please use the following names for this donation: _____

I (we) wish for our donation to remain anonymous.

Authorized Signature

Printed

Date

*Please Make Checks Payable to: **Evansville P-47 Foundation, Inc.**
Mail to: 4825 N. Spring Street Evansville, In 47711
812-421-7700*

~ Title Sponsors ~



**EVANSVILLE TEACHERS
FEDERAL CREDIT UNION**

**Wayne & Beth
KINNEY**