

Donation Form



Malcolm Field of Dreams Fundraising Committee

We've already got the players.
Let's give them a place to play!

Donor Information

Name _____

Billing Address _____

City, State Zip _____

Phone _____

Email _____

Donation Information

I (we) would like to donate \$ _____

I (we) plan to make this contribution in the form of:

- cash (please enclose)
- check (please enclose)
- online (see website at www.MalcolmFieldOfDreams.com)



Acknowledgement Information

- Please use the following name(s) in all acknowledgements: _____
- I (we) wish to have our gift remain anonymous
- Please recognize my/our gift
- in honor of:
- in memory of:

Please make checks, corporate matches,
or other gifts payable to:

Malcolm Field of Dreams Fundraising Committee
Memo: Field of Dreams
PO Box 95
Malcolm, NE 68402

www.MalcolmFieldOfDreams.com/Donate

On behalf of all those we serve, we extend our deepest appreciation for your generous support of the Malcolm Field of Dreams Fundraising Campaign and our mission to serve the players of Malcolm, NE. Your contribution is tax deductible.

No goods or services were provided in exchange for this contribution. Malcolm Youth Sports Association is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code; EIN #26-1128729.