



CONTRIBUTION PLEDGE FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

In consideration of the plans to raise capital funds to expand Cooper Creek Tennis Center, and in consideration of the gifts of others, I hereby subscribe and agree to pay the Columbus Regional Tennis Association the total sum of \$_____.

I wish to make my payments as follows: (gifts may be pledged over three years)

	DATE	AMOUNT
Year 1 (2017)	_____	\$ _____
Year 2 (2018)	_____	\$ _____
Year 3 (2019)	_____	\$ _____

Billing Comments/Instructions: _____

ACKNOWLEDGEMENT INFORMATION

Name(s) listed as: _____

I/we wish to have our gift remain anonymous.

Signature _____

DONOR LEVELS

Hall of Fame	Golden Slam	Grand Slam	Tournament Champ	MVP	Winner	Tennis Friend
\$100,000	\$50,000	\$25,000	\$10,000	\$5,000	\$1,000	\$500

Please make checks payable to the CORTA Capital Building Fund
Mail to: P.O. Box 8236, Columbus, GA 31908
For stock delivery instructions or credit card payments, see information on reverse side.
CORTA is a 501 (c) 3 not for profit charitable organization.
Contributions are deductible for income tax purposes in the matter and to the extent provided by law.
Federal ID #58-6043414

GIFT IN MEMORY OF

Name of Deceased _____

Send Acknowledgment card to:

Name _____

Address _____

City _____ State _____ Zip _____

How would you like the card to be signed? _____
(Name or names)

GIFT IN HONOR OF

Name of Individual(s) _____

Send Acknowledgment card to:

Name _____

Address _____

City _____ State _____ Zip _____

How would you like the card to be signed? _____
(Name or names)

CREDIT CARD INFORMATION

PLEASE CHARGE MY:

Mastercard

Visa

Discover

NAME AS IT APPEARS ON CARD _____

CARD # _____

SECURITY CODE _____ EXPIRES _____ / _____

SIGNATURE _____

If you prefer to provide credit card information via phone, please call 706-317-4136.

STOCK CONTRIBUTIONS

DTC: 0725 (Raymond James & Assoc.)

Account #: 29291391 Columbus Regional Tennis Association/Capital Building Fund

For more information, contact Brenda Meadows with Raymond James. Direct Line 706-257-7912.

MATCHING GIFT PROGRAM

Many companies will match your gift, thereby multiplying its value. Please obtain the proper form from your employer, complete, and return the form with your gift.

My gift will be matched by my employer. _____
(Company Name)