



## Rox Project S.A.V.E. Foundation Pledge Per WIN Campaign

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### 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 # \_\_\_\_\_

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

\_\_\_\_\_ I hereby grant permission for the Rox Project S.A.V.E. 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 2023 regular season.

\_\_\_\_\_ I prefer that the Rox Project S.A.V.E. Foundation charge my credit card in Full at one time on August 14, 2023 once the 72-game regular season 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: Jim Loria c/o Rox Project S.A.V.E. Foundation:

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