

2010 LINCOLN TROJANS FOOTBALL

FIVE-YEAR TROJAN LEGACY CAPITAL CAMPAIGN

PLEDGE REGISTRATION FORM

Below are the various pledge amounts for you to choose from. Please indicate your pledge commitment by marking the box to the left of the amount you choose.

Individual and Family Campaign Pledges

- Lunch Money for Lincoln (Current Student Pledge): \$100+ @ \$20+ per year
- Trojan Alumni and Friends Pledge: \$100-\$249 @ \$20+ per year
- Spirit of Troy Pledge: \$250-\$499 @ \$50+ per year/\$25+ per half year
- Soldiers of Troy Pledge: \$500-\$999 @ \$100+ per year/\$25+ per quarter
- Warriors of Troy Pledge: \$1,000-\$2,499 @ \$200+ per year/\$16.67+ per month
- Leaders of Troy Pledge: \$2,500-\$4,999 @ \$500+ per year/\$41.67+ per month
- Founders of Troy Pledge: \$5,000-\$9,999 @ \$1,000+ per year/\$83.33+ per month
- Trojan Legacy Club Pledge: \$10,000-up @ \$2,000+ per year/\$166.67+ per month

Corporate Campaign Pledges

- Soldiers of Troy Pledge: \$500-\$999 @ \$100+ per year/\$8.33+ per month
- Warriors of Troy Pledge: \$1,000-\$2,499 @ \$200+ per year/\$16.67+ per month
- Leaders of Troy Pledge: \$2,500-\$4,999 @ \$500+ per year/\$41.67+ per month
- Founders of Troy Pledge: \$5,000-\$9,999 @ \$1,000+ per year/\$83.33+ per month
- Trojan Legacy Club Pledge: \$10,000-up @ \$2,000+ per year/\$166.67+ per month

Total Pledge Amount \$ _____

Please Print - Use One Form Per Registrant

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

FAX: _____

E-Mail: _____

Method of Payment:

Check (payable to Lincoln High School QuarterBack Club)

Visa MasterCard Amex Discover

Card Number: _____

Exp. Date: _____

Cardholder's Name: _____

If you selected the credit/debit card option, please indicate your preferred annual payment option below. All monthly installment payments will be taken out of your account by the 10th of every month and will begin the month the contract is signed. Lump sum annual payments can be scheduled for any month each year and will also be taken out of your account by the 10th of your preferred payment month each year of this five year commitment:

Equal monthly installments Lump sum annual payment

Preferred annual date of lump sum payment: _____

Signature: _____

By signing this form, you agree to the terms of paying your pledge amount at regularly scheduled monthly or annual installments.

Three Convenient Ways to Register



Email:
info@lincolntrojans.com



Mail:
P.O. Box 16572
Tallahassee, Florida 32317-6572



Website:
www.lincolntrojans.com