

YES, I want to support the Roughriders Athletic Complex Project.

Name _____ **Signature** _____

Address _____

City, State, Zip _____

Phone(s) _____

E-mail _____

My Total Gift is \$ _____ **I Am Enclosing \$** _____ **Check Number** _____

My Pledge is for _____ **years. Start Date** _____ **(payable up to five (5) years)**

Pledge Payment Detail

Please Bill Me: _____ **Annually** _____ **Semi-Annually** _____ **Quarterly** _____ **Yes No Please Send Reminders.**

This gift is _____ **In Memory of** _____

This gift is _____ **In Honor of** _____

Address of Person(s) to be notified _____

Please Charge My Total Gift to: _____ **VISA** _____ **MasterCard** _____ **Discover**

Account Number _____ **Expiration Date (Mo/Yr)** _____ **Security Code** _____

Make Checks Payable to: St. Marys Community Foundation – RPA Fund **Mail to: 146 E. Spring Street St. Marys, Ohio 45885**
or visit www.thesmcf.org and click on “Give Now” button to make your contribution electronically