



Date: _____

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Day Phone: _____ Evening Phone: _____

E-mail Address: _____

I would like to be a supporter of a player of the Valdosta Miracle League:

- \$1,000 a year (\$83.00 a month) \$2,500 a year
 \$5,000 a year \$10,000 a year
 \$ _____ per _____

Please bill me:

- Annually Quarterly Monthly

My company will match my gift.

Please contact me. I have other thoughts to share.

I would be willing to recommend others to donate to The Miracle League of Valdosta.

P.O. Box 4512 Valdosta, GA 31604



Mission: Bringing people together of various abilities in order to discover their common ground and find joy in serving others.

Amount donated: \$ _____ per _____

If donating by check please make checks payable to:
"The Miracle League of Valdosta"

Credit Card Information

Visa MasterCard AMEX Discover

Billing Address: _____

City: _____ Zip: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Donor Signature: _____

Thank you for your donation!



The Miracle League of Valdosta is currently in need of players, volunteers, and sponsors! For more information or to register, visit

www.miracleleagueofvaldosta.com