Print Form

Rockton Athletic Fields Committee
Rockton Lions Club Charities
P.O. Box 90 Rockton, IL 61072

CONTRIBUTOR INFORMATION

(Your personal information is kept confidential)

Last Name: _____, First Name: _____ MI _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: Home: (____)_____ Work: (____)_____

E-Mail Address (optional): _____

☐ I would prefer that this contribution and/or my name be kept confidential. Thanks!

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

$5,000 ☐ $2,500 ☐ $1,000 ☐ $500 ☐ $100 ☐ $50 ☐ Other: $_____

A REPEATING DONATION, AS FOLLOWS:

A sum of $_____ Once Every ☐ Month ☐ Quarter ☐ Year, amounting to a Total of $_____

Please designate my gift to: _____

MATCHING CONTRIBUTIONS

Does your employer match donations? ○ YES / NO ○

Please enclose a signed Matching Donation Form from your employer if applicable.

Please forward completed form and payment to:
Rockton Lions Club Charities
P.O. Box 90
Rockton, IL 61072