

DONATION FORM



For Every Player who has a Dream

FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **EMAIL:** _____

DONATION AMOUNT:

() \$25 () \$50 () \$100 () \$250
() \$500 () \$1,000 Other: _____

I would like to participate in the RECURRING GIFT PROGRAM and will set this up online at <https://leagueofdreams.org/donate>.

Please make my Donation In Honor of - or - In Memory of:
Name: _____
Relationship: _____
Please acknowledge this gift to:
Name: _____
Address: _____
City/State/Zip: _____

PAYMENT METHOD:

Credit Card Check enclosed

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Name on Card: _____

MAIL FORM:
League of Dreams
1901 Clifden Rd. Catonsville, Maryland 21228