



Philomath Booster Club Donation Form

Warrior Scramble 2019

Donor Information

Name _____
Address _____
City, State, Zip Code _____
Email _____

Donation Information

Sponsorship Level

- Event Sponsor (\$1,500) Team Name: _____
- Lunch Sponsor (\$500) Team Name: _____
- Corporate Sponsor (\$250) Team Name: _____
- Gold Level (\$100)
- Black Level (\$50)
- White Level (\$25) Number of Carts to Sponsor (\$25 per cart): _____
- Gift Card/Certificate Value of Item: _____

Payment Method

- Check: Make Checks Payable To:
Philomath Booster Club
PO Box 1088
Philomath, OR 97370

- Credit Card:

Credit card type | Exp. date _____
Credit card number _____
Authorized signature _____