Hudson High School Music Association
$60,000 Memorial Stadium Challenge

First and Last Name_____

Address _____ **City** _____

State and Zip Code_____

Phone_____ **Email** _____

Select Your Tax Deductible Donation Level

Spaces and punctuation are considered characters. Please print clearly.

❑ ***PERSONALIZED PAVER 16x16 —*** *$2,500 or more**

❑ ***PERSONALIZED PAVER 8x8 —*** *$500*

❑ ***PERSONALIZED PAVER 4x8 —*** *$250*

❑ ***PERSONALIZED PAVER 12x12 —*** *$1,000**

❑ ***My/Our Gift of $150***

❑ ***My/Our Gift of $100***

❑ ***My/Our Gift of $50***

❑ ***My/Our Gift of*** _____

***Pledges of $1000 or more may be paid over a 4-year period. Pledges over $5,000 receive additional benefits that are outlined at** hudsonschoolsfoundation.com/images/Memorial%20Stadium%20Brochure.pdf

Make checks payable to: **Hudson Memorial Stadium Fund ● P.O. Box 473 Hudson, OH 44236**

My/Our Full Payment_____

My/Our Total Pledge_____ Here is my/our first payment of _____

❑ **Check enclosed**

❑ **Pay by credit card** (Visa, MasterCard, Discover or American Express)

Card Holder Name: _____

Card Number_____Exp. Date_____CVN Code_____

I authorize Hudson Community Foundation to charge the credit card listed, as agreed to the terms above.

Signature:_____Date:_____

SIGNATURE REQUIRED FOR PLEDGE AND CREDIT CARD.

Donor Recognition

___ I wish to remain anonymous.

___ For recognition purposes—please list my/our names(s) as:

_____

___ My gift is in memory of _____

___ My gift is in honor of _____