



Pledge Form

Trans-Mississippi Turf Scholarship Fund

Donor Information (please print or type)

Name: _____

Billing Address: _____

City: _____

State: _____

ZIP Code: _____

Telephone (home): _____

Telephone (business): _____

Fax: _____

E-mail: _____

Pledge Information

I (we) pledge a total of \$

To be paid: Now Monthly Quarterly Yearly

I (we) plan to make this contribution in the form of:

Cash Check Other

Gift will be matched by _____ (company/family/foundation)

Form Enclosed Form will be Forwarded

Please make checks, corporate matches, or other gifts payable to:

Trans-Mississippi Turf Scholarship Fund
1201 Wakarusa Drive, Suite B5
Lawrence KS 66049

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Any Questions, contact:

Trans-Mississippi Golf Association
Phone: (785) 842-0155
Email: golf@trans-miss.com

www.trans-miss.com