



# SPARTAN 300 PLEDGE FORM



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Payment Timing (check one):

- Monthly     Quarterly     Annually

Payment Method (check one):

- MasterCard/Visa (enter number below)

\_\_\_\_\_ Exp. Date \_\_\_\_\_

- PayPal (automatic deduction from checking account)  
 Online Banking (many banks offer this as a courtesy to their customers)  
 WNC Employee Payroll Deduction  
 Bill me

*The WNC Foundation Office is available to assist with any of these payment options.*

**FAX FORM: 775-445-4472**

**MAIL TO: Wildcats Athletics SPARTAN 300**

2201 West College Pkwy.

Carson City, NV 89703

## INFORMATION

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