



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

Organization Name \_\_\_\_\_

Please keep my donation confidential

Please mail donations payable to:  
Cereal City Pickleball Club  
52. S. LaVista Blvd  
Battle Creek, MI 49015

Method of Payment:

Check

Cash

Date: \_\_\_\_\_