COACHES CLUB DONATION FORM

Account Name ________________________________
Mailing Address ______________________________
City __________________________ State _______ Zip ________
Email ________________________________
Home Phone (____) __________________________
Business Phone (____) __________________________ Cell Phone (____) __________________________

SHIRT SIZE: __________________________

PAYMENT BY CREDIT CARD

☐ One-Time Charge For Full Amount  ☐ Monthly Auto Bill

Card Number: ________________________________
Cardholder’s Name: __________________________
Amount to Charge: $ ___________ Exp. Date: ___________
Cardholder’s Signature: ________________________

Make check payable to:
Seminole Boosters

Return payment to:
Seminole Boosters
Post Office Box 1353
Tallahassee, FL 32302
(850) 645-8296

☐ Men’s Basketball (Tip-Off) $150 $250 $500 $1,000
☐ $2,500 $5,000 $10,000 $15,000 $

☐ Baseball (Bullpen) $ ___________
☐ Women’s Basketball (Hoop Troop) $ ___________
☐ Golf (Golf Club) $ ___________
☐ Soccer (Garnet & Goal) $ ___________
☐ Softball (Dugout) $ ___________
☐ Swim and Dive (Splash) $ ___________
☐ Tennis - Men (Golden Spear) $ ___________
☐ Tennis - Women (Golden Spear) $ ___________
☐ Track & Field (McIntosh Society) $ ___________
☐ Volleyball (NetSet) $ ___________
☐ Beach Volleyball (Sandy Seminoles) $ ___________
☐ Spear-It (Spear-It Club) $ ___________

Total Pledge Amount $ ___________
Amount Enclosed $ ___________
Balance Due $ ___________

www.fsucoachesclub.com www.seminole-boosters.com