

THE CAMPAIGN FOR
**GOLDEN GATE PARK
 TENNIS CENTER**



I/We are pleased to support the Campaign for
 Golden Gate Park Tennis Center and pledge a gift totaling:

\$ _____

Printed Name _____

Signature _____ Date _____

Address _____

Home/Work Phone _____ Cell Phone _____ email _____

Payment Schedule

Please indicate your preferred pledge payment schedule below. We request your pledge be made payable over no more than 3 years.

<u>Pledge Payment Amount</u>	<u>Month</u>	<u>Year</u>

Additional Comments: _____

In all donor recognition materials, please acknowledge me/us as

I/We wish to remain anonymous

I/We are interested in a naming/recognition opportunity. Please contact me to discuss the opportunities available.

Please complete and return this form to:

Paula Martin, Development Operations Manager
 San Francisco Parks Alliance
 1663 Mission Street, Ste. 320, San Francisco, CA 94103
paula@sfparksalliance.org
 (415) 801-4155

