





CONTRIBUTOR PLEDGE INFORMATION

Give the gift of play!

	SIGN	ME UP	! I WC	OULD LI	KE TO	CONTRIB	UTE.
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Name:		Title:						
Business Name:								
Address:								
Phone:	Cell:		Fax:					
E-mail:								
We pledge a total amount of:								
Method of payment: ash check bank transfer credit/online other:								
Payment(s) schedule: one-time weekly one-time other:								
Date of which payment(s) will be made: If applicable, payment is enclosed in the amount of: Please make checks payable to: Russell Pride Inc. Mail checks to: Russell Play Park, PO Box 104, Russell, KS 67665; Receipts will be mailed to the address provided. Russell Development Inc. Tax ID # is 31-1755598, for your records.								
This gift is on behalf of:								
This gift is in memory of:								
I wish to keep my gift anonymous.								
Signature:			Date:					