

WRESTLING CAMPAIGN INTENT FORM

Please select the sponsorship option that you wish to support:

Locker Naming Opportunity – \$1,000

\$1,000 total commitment can be paid in full or over a two-year period.

SELECT ONE:

\$1,000 (full amount)

I wish to make my contribution over a period of years (max of 2 yrs)

Enclosed is the first payment of \$ _____

Monthly credit card payments: \$ _____ /mo (\$10 min.)

Payments will be charged on the 15th of each month

beginning ___ / ___ (mo/yr) and ending ___ / ___ (mo/yr)

DONOR INFORMATION

NAME _____

STREET ADDRESS _____

CITY / STATE / ZIPCODE _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

Support UB Wrestling

SELECT ONE:

\$50 \$100 \$250

\$500 \$1,000 \$ _____

Monthly credit card payments: \$ _____ /mo (\$10 min.)

Payments will be charged on the 15th of each month

beginning ___ / ___ (mo/yr) and ending ___ / ___ (mo/yr)

[LOCKER NAMING PARTICIPANTS ONLY]

Please indicate how you would like your name to appear on your wrestling locker name plate:

NAME _____

MEMBER OF UB WRESTLING TEAM [PARCIPITATION YEARS EX: 1976-80] _____

WEIGHT CLASS _____

UB DEGREE OR HOME TOWN _____

PAYMENT OPTIONS

Pay by check (payable to UB Foundation)

Pay by credit card

NAME ON CARD

CARD NUMBER

EXP. DATE SECURITY CODE

SIGNATURE

Return form to:



**Blue & White Fund
202 Alumni Arena
Buffalo, NY 14260**

[716] 645-6867
FAX [716] 645-2320
BullsBlueAndWhite.com

BUFFALO™