

Name _____
 Address _____
 City, State, Zip _____
 Phone _____

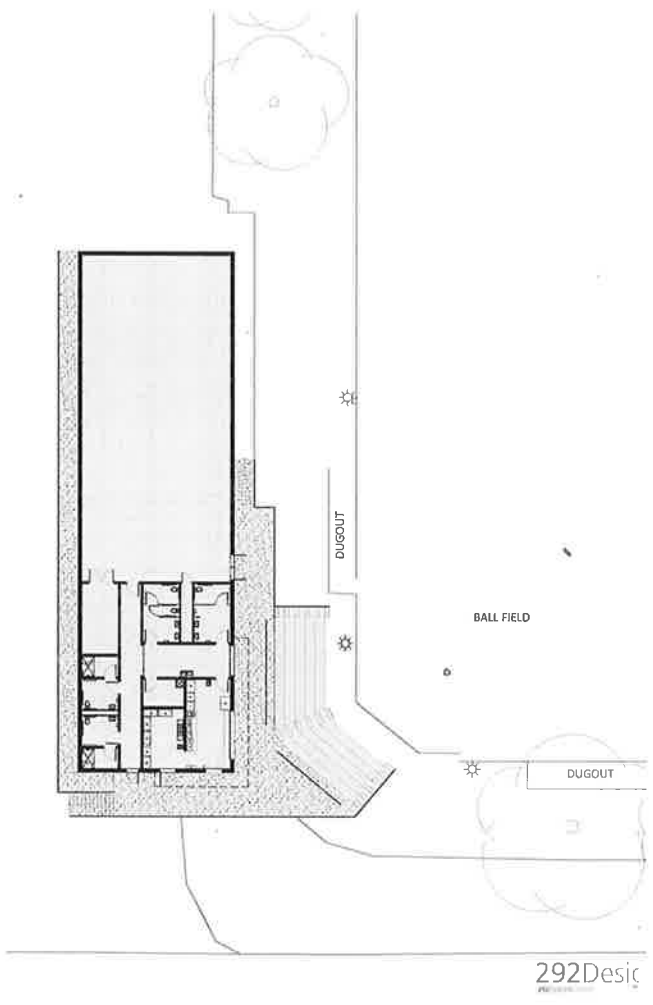
Riverside Park Softball Complex & Storm Shelter Campaign

In support of this campaign, I/we subscribe to the following:

TOTAL GIFT \$ _____ INITIAL PAYMENT \$ _____ BALANCE DUE \$ _____
 SPECIAL PURPOSE/INSTRUCTIONS _____

All gifts are payable over three years unless otherwise indicated.
 Pledges are voluntary and not legally binding. Thank you for your support.

Signature: _____ Date: _____



LEVELS OF GIVING

- * Legends Club \$10,000+
- * Big Hitters \$5,000+
- * Home Run \$500+
- * Triple \$300+
- * Double \$200+
- * Single \$100+
- * Dugout \$20+

Please make your check payable to:
 The City of Springfield
 "Riverside Park Softball Complex"
 in the memo.

Please mail checks to the following address:
 City of Springfield
 2 East Central Street
 Springfield, MN 56807

