

Donation Form



All Play Foundation

Our Mission to influence the lives of young athletes by providing an opportunity to be involved in youth activities that build character, instill strong values and encourage healthy choices through the game of football.

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Donation Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

All Play Foundation
21001 N. Tatum Blvd.
Suite 1630-500
Phoenix, AZ 85050