



WJU Athletic Donation Deposit Form

Campaign / Appeal / Event _____
 (name of fundraising program / activity)

Date: _____

Deposit Designation: _____
 (all deposits must indicate an athletic campaign, event, membership, team or sponsor name)

Credit Card Amt. \$ _____

Deposit to Account Number(s): _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Checks \$ _____

Cash \$ _____

Total Deposit \$ _____

Jessup Athletic Association (JAA) Annual Membership Levels

JAA – Varsity	
JAA – Team Captain	
JAA – All-Conference	
JAA – All-American	
JAA - MVP	
	(Check one or more)
Sponsor Package Type(s):	
Team Plan	
Game Plan	
Arena Plan	
Premier Sponsor	
Individual Game Sponsor	
Other:	

Cash:

Currency	Coins
100 _____	D _____
50 _____	H _____
20 _____	Q _____
10 _____	D _____
5 _____	N _____
1 _____	P _____
Total _____	Total _____
Name: _____	
Signature: _____	

Donor Name / Business Name	Business Contact name (if diff. than donor's name)
_____	_____
Amount	Email and Telephone no.
_____	_____
Address	Other Donation Type (if applicable)
_____	_____

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