



**Bourne Braves Baseball  
2019 Charter Club Donation Form  
www.bournebraves.org**

**How would you like to make your tax deductible donation?**

- |                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | On Deck Circle (Receive Team Media Guide)                                  | \$50 Donation  |
| <input type="checkbox"/> | First Base Club (Receive Autographed Team Media Guide)                     | \$75 Donation  |
| <input type="checkbox"/> | Second Base Club (Receive Autographed Team Ball)                           | \$100 Donation |
| <input type="checkbox"/> | Third Base Club (Receive Autographed Team Media Guide & Team Ball)         | \$250 Donation |
| <input type="checkbox"/> | Home Plate Club (Receive an Autographed Team Media Guide, Photo & Bat)     | \$400 Donation |
| <input type="checkbox"/> | Ball Donation (Receive recognition via public announcement at a home game) | \$150 Donation |

**Contributor's Name:** \_\_\_\_\_ \*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*\* This is how your name will appear in the media guide*

**How would you like to make payment?**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Check Made Out to Bourne Braves Enclosed  |
| <input type="checkbox"/> | Please charge the following credit card:<br>Select One: MasterCard or Visa<br>Credit Card Number: _____<br>Exp Date: _____ CSC: _____<br>Name as it appears on card: _____<br>Total Amount to Be Charged: _____ |

Please return completed form to:

Bourne Braves

PO BOX 895

Monument Beach, MA 02553

**THANK YOU FOR SUPPORTING THE BOURNE BRAVES**

**Visit Our Website at [www.bournebraves.org](http://www.bournebraves.org)  
to keep up to date with the Braves.**

***Please keep a copy of this form for your records***