



Wilmington Junior Golf Academy Annual Pledge Contribution

Name_____

Company Name_____

Address_____

City_____ State_____ Zip Code_____

Total Pledge _____

Pledge frequency: Annual____ Bi-Annual____ Quarterly____ Monthly____

Credit Card: Visa____ Mastercard____

Name on Card_____

Card Number_____ Exp. Date_____

Billing Address_____

3 Digit Code on Back of Card_____