

MEMBERSHIP FORM

Name: _____
(as you would like it to appear for the official donor recognition)

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C): _____

Email: _____

ONE-TIME DONATION

Honor your time at Ohio State and assist with current program needs by providing your support.

- ① Donation up to \$199
- ② Donation of \$200 - \$499
- ③ \$500 - \$999
- ④ \$1,000 - \$1,999
- ⑤ \$2,000 - \$5,000
- ⑥ Donation over \$5,000

Please indicate the amount of donation \$ _____

SUPPORT FUND

Ensure future generations' program existence

⇒ Fencing Discretionary Support Fund

Yes, I would like to contribute \$ _____ to the fund.

PAYMENT OPTIONS

Type of card: Visa MasterCard Discover

Name as it appears on the card

Card#

□□□□ □□□□ □□□□ □□□□

EXP. Date _____

Signature _____

Please make the checks payable to:

The Ohio State University, Fencing

Send Completed application and donation to:

**The Ohio State University
Department of Athletics
Fawcett Center, 8th Floor
2400 Olentangy River Rd.
Columbus, Ohio 43210**