

TOTAL PLEDGE: \$ _____ **AMOUNT ENCLOSED:** \$ _____
BALANCE: \$ _____

- TO BE PAID:** QUARTERLY SEMI-ANNUALLY ANNUALLY
 OVER A PERIOD OF: (Circle One) 1 2 3 4 5 YEARS, Beginning (Month/Year): ____/____
 Please Invoice Me
 Payment will come from United Way of _____
 Please charge my credit card automatically for each payment. (Complete information below)
 VISA MasterCard Discover American Express

Name as it appears on card: _____
Account Number: _____ Exp: ____/____

NAMING OPPORTUNITY _____

If you are making a donation and wish to reserve a naming opportunity, please note your preference. You will receive confirmation of your selection and if the commemorative opportunity is no longer available, a campaign volunteer will be in touch to discuss other options.

DONOR: _____
 Check here if you wish to remain anonymous

EMAIL: _____ TELEPHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

Please make checks payable to: Friends of Derry Township Parks & Recreation and write Hershey Community Center Capital Campaign on the memo line.

Mail to: Hershey Community Center Capital Campaign, 600 Clearwater Road, Hershey, PA 17033

You may also make a donation online at www.HersheyCommunityCenter.org