

Donation Form

Donor Name/Company Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone Number: _____ **Email Address:** _____

Amount: _____ **Check Number:** _____

Funding the Future Donor Wall (Individuals, Families or Businesses)

VIP: \$60,000.00 (\$20,000.00 / year for 3 years)

ALL-AMERICAN: \$45,000.00 (\$15,000.00 / year for 3 years)

ALL-NEW ENGLAND: \$30,000.00 (\$10,000.00 / year for 3 years)

ALL-STATE: \$24,000.00 (\$8,000.00 / year for 3 years)

ALL-REGION: \$21,000.00 (\$7,000.00 / year for 3 years)

ALL-STAR: \$15,000.00 (\$5,000.00 / year for 3 years)

CAPTAIN: \$12,000.00 (\$4,000.00 / year for 3 years)

PLAYER: \$9,000.00 (\$3,000.00 / year for 3 years)

CLUB: \$6,000.00 (\$2,000.00 / year for 3 years)

SUPPORTER: \$3,000.00 (\$1,000.00 / year for 3 years)

FRIENDS OF RCA: \$1,000.00 (\$333.33 / year for 3 years)