

THE MICHAEL GEORGE SCOTT SCHOLARSHIP



Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

DONATIONS

My employer will match my gift and the form is enclosed.

Pledge \$: _____ Payment Enclosed \$: _____ Credit Card \$: _____

Credit Card Information: _____ Visa _____ MasterCard _____ AMEX

Card Number: _____ Exp. Date: _____

Signature: _____ CVC: _____

TEAM ENTRY

I would like to enter a team for the 7 vs. 7 MVP Tournament.

SPONSORSHIP LEVELS

MVP Tier - \$3,000

Captain Tier - \$1,500

QB Tier - \$750