

# CORNERSTONE PARTNER PROGRAM

I, \_\_\_\_\_, commit to support the Cornerstone Partner Program of the National Soccer Coaches Association of America Foundation with a commitment to be paid according to the schedule outlined below and for the purposes outlined below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

NSCAA Member No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

*Donations to the NSCAA Foundation are deductible to the full extent of the law. Please consult your tax advisor.*

## **Pledge Information**

I agree to pledge the following amount:

\$100       \$250       \$500       \$1,000       Other \_\_\_\_\_

I will pay according to the following schedule:       One Year       Two Years       Three Years

## **Purpose for use of your pledge**

Please check the area(s) of the Foundation's work toward which you wish to contribute:

- |   |   |
|---|---|
| <input type="checkbox"/> All Foundation programs        | <input type="checkbox"/> Scholarships for NSCAA events  |
| <input type="checkbox"/> Programs for underserved areas | <input type="checkbox"/> Enhancement of NSCAA materials |
| <input type="checkbox"/> Preserving NSCAA's heritage    |   |

## **Payment Information**

Check enclosed       Bill me according to the above schedule

Charge my credit card: Amount \_\_\_\_\_

American Express       Discover       MasterCard       Visa

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_

Signature \_\_\_\_\_

Is the address above the same as the card billing address?       Yes       No

Return this form to: NSCAA Foundation  
800 Ann Ave.  
Kansas City, KS 66101

*Thank you for your support of the NSCAA Foundation's Cornerstone Partner Program!*