## West Des Moines Soccer Club (WDMSC) Facilities Improvement Campaign — 2006

Better facilities. A better experience.

_____

Name – Printed  Telephone Number(s) – Home | Work | Cell

_____

Address  City  ZIP Code

____ Please accept my tax deductible donation of $_____ made payable to "West Des Moines Soccer Club."

____ I pledge the same amount per year for the following two years (2007 and 2008) to WDMSC. Please bill me as follows:

| | | | |
|---|---|---|---|
| ____ | Annually | Once per year: Jan. 2007 and Jan. 2008 | Or alternate month: _____ |
| ____ | Semi-Annually | Two times per calendar year: Jan. and July | Or alternate months: _____/_____ |
| ____ | Quarterly | Four times per calendar year: Jan., April, July and Oct. | Or every three months beginning: _____ |

Mail to: WDMSC, P.O. Box 25023, West Des Moines, IA 50265

____ Matching Gift company_____ Contact: _____ Tel. Number: _____

Name – Printed

____ Please keep my donation ANONYMOUS

### For your records:

I made a tax deductible donation of $_____ to the "West Des Moines Soccer Club" for the Facilities Improvement Campaign

Date: _____ Check Number: _____

I pledged the same amount per year for the following two years (2007 and 2008) to WDMSC to be paid as follows:

_____ Annually (once per calendar year: (Jan. 2007 and 2008)

_____ Semi-Annually (two times per calendar year: (Jan. and July) Or _____/_____

_____ Quarterly (four times per calendar year: Jan., April, July and Oct.) or every three months beginning _____