



2023 PLEDGE FORM

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Name: _____

Address: _____




Phone: _____


Email: _____

DONATIONS

A One-Time Donation In the Amount of:

\$5 \$10 \$25 \$50 \$100 \$250 \$500 \$1,000 Other: \$ _____

 VENMO @TOKC1
 CALL 361-883-8652 (TOKC)
 EMAIL tokc@triumphoverkidcancer.org


tokc.org/donate

SPONSORSHIP

CONTRIBUTION(S) (ALL Capped at \$1,000)

I Pledge \$ _____ (**\$5.00/\$10.00**) for every **Birdie/Eagle** made during the 2023 LJT James A. Ragan Memorial

I Pledge \$ _____ for every **Birdie/Eagle** made by _____
Name of Player
 @ the 2023 LJT James A. Ragan Memorial



Funds matched by:



Please **email/send** completed form to:

TOKC
723 Coleman Avenue
Corpus Christi, TX 78401
TOKC@TriumphOverKidCancer.org