



WHITECAPS COMMUNITY FOUNDATION
DONOR APPLICATION

PINCH HITTER PROGRAM

*Please **DOWNLOAD THIS FORM FIRST** before filling it out.
If you fill this out in your internet browser, it will not be submitted.*

I would like to share the magic of a Whitecaps game through a donation of:

ROOKIE: 30 TICKETS/\$450

You receive:
• Family 4-Pack

CLASS A: 50 TICKETS/\$750

You receive:
• Family 4-Pack
• Parking Pass
• Player autographed baseball

DOUBLE A: 100 TICKETS/\$1500

You receive:
• Family 4-Pack
• Parking Pass
• Photo-op with mascot
• 10% Discount at CapSized Shop

TRIPLE A: 200 TICKETS/\$3000

You receive:
• Family 4-Pack
• VIP Parking
• First Pitch Experience
• PA / Radio Announcement
• 10% Discount at CapSized Shop

OTHER: _____

I would like to donate my tickets to:

A SPECIFIC ORGANIZATION **ORGANIZATION:** _____

A LOCAL ORGANIZATION **CONTACT & PHONE:** _____

Your Information:

NAME: _____ **PHONE:** _____

COMPANY: _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

CHECK#: _____

Please make payable to Whitecaps Community Foundation

CREDIT CARD #: _____

EXP. DATE: _____ **CVC CODE:** _____

BILLING ZIP CODE: _____

QUESTIONS?

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CLICK TO HERE TO SUBMIT