



DONATION FORM

Name _____

Company Name _____

Contact Person _____

Phone: _____ Home _____ Cell _____

Email Address: _____

Type of Donations:

Scholarship Trust Fund \$ _____
(Donation will be distributed on the basis of individual athlete's needs)

Team Donation \$ _____
(Donation will be distributed equally among all the members of team you choose)

Team (s) Name _____

Individual Player (s) Donation \$ _____
(Donation will go directly toward the tuition of the player (s) you choose)

Player (s) Name _____

Please make checks payable to TJVBC and mail along with this page to:

Tallahassee Jrs Volleyball Club
2192 Gates Drive
Tallahassee, FL 32312

For more information please contact:

Latoya Washington
Phone: (850) 228-8254
Email Address: info@tallyvball.com
TJVBC website: www.tallyvball.com