

JAMES A. RAGAN

M E M O R I A L

2020 Pledge Form

TRIUMPH OVER KID CANCER FOUNDATION
723 Coleman Avenue, Corpus Christi, TX 78401
361-883-8652 (TOKC) | triumphoverkidcancer.org

PLAYER NAME: _____

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

I Pledge \$ _____ for every Birdie made during the 2020 TLJT James A. Ragan Memorial

I Pledge \$ _____ for each day under Par during the 2020 TLJT James A. Ragan Memorial

CONTRIBUTOR INFORMATION

(Your personal information is kept confidential)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Primary (_____) _____ Secondary Primary (_____) _____

Email Address: _____

METHOD OF PAYMENT

Check enclosed, Please make check payable to TOKC

Please bill my credit card: Card Type: Visa MasterCard American Express Discover

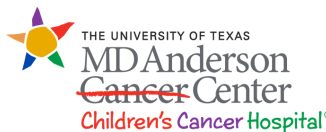
Account Number: _____ Exp. Date: _____

CVV: _____ Billing Zip: _____

Email: TOKC@triumphoverkidcancer.org OR Call 361-883-8652 (TOKC)



Funds matched by:



Please SEND completed form to:
TOKC

723 Coleman Avenue
Corpus Christi, TX 78401