

# ATLANTIC AQUATIC CENTER

## Make a Splash. Change a Life.



Make a difference in the lives of the residents. Pledge your support today.

### *Levels of Giving*

Gold: \$1 million and up

Silver: \$500,000 to \$999,999

Bronze: \$250,000 to \$499,999

Twisting: \$100,000 to \$249,999

Forward: \$50,000 to \$99,999

Back: \$10,000 to \$49,999

Reverse: \$5,000 to \$9,999

Inward: \$1,000 to \$4,999

Armstand: \$250 to \$999

Treading Water: \$50 to \$249

### *Donor Information (please print or type)*

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to receive communications via:  E-Mail  Regular Mail  Home Phone  Office Phone

### *Acknowledgement Information*

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_  
 I prefer my donation to remain anonymous.

### *Pledge Information*

I (we) pledge a total of \$ \_\_\_\_\_

I wish to pay the entire amount now in the form of:  Cash  Check  Credit Card  Other

Credit card type:  Visa  MasterCard  Discover  American Express  Other: \_\_\_\_\_

Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_ - \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

I wish to make multiple contributions over the time. Please send me an invoice:

Monthly  Quarterly  Annually  Over the Next \_\_\_\_ Years

My/our gift will be matched with \$ \_\_\_\_\_ from \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make checks, corporate matches, or other gifts payable to: Atlantic Diving Team Foundation. Atlantic Diving Team Foundation is a registered 501(c)(3) charitable organization. Contributions are deductible to the extent set forth in the 2008 IRS guidelines.*

**www.adtfoundation.com • donation@adtfoundation.com • 954-837-3597**  
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