# 2006-07 Men's Basketball Round Ball Club

## MEMBERSHIP APPLICATION~ Warrior Athletic Association

Thank you for committing your financial support for Lewis-Clark State College student-athletes!

### 1. Personal Information– Verify and make any necessary additions or corrections

Name: Home Phone:

Business Name: Business Phone:

Address : E-mail:

City: Donor Recognition Name (if different from Mail Name):

State: Zip:

### 2. Warrior Athletic Association Commitment– Indicate the amount of your 2006-07 WAA gift

2006-07 Men's Basketball Round Ball Club Gift: $ _____

$_____of the gift above will be matched by my company _____. Please attach the company match form.

### 3. Payment Options– Select and complete ONE method of payment

○ FULL PAYMENT is enclosed—Check Number_____

**OR**

○ PARTIAL PAYMENT in the amount of $_____ is enclosed
Remainder of gift will be sent in the following month(s) CHOOSE
January February March April May June July August September October November December

**OR**

○ I would like to have you CHARGE MY CREDIT CARD
Choose one: VISA MasterCard Discover
_____-_____-_____-_____ Exp. _____/_____

**OR**

○ I am an LCSC EMPLOYEE and would like to be set up on payroll deduction

Choose one: Every pay period $_____ Once a month $_____

Dollar amount to deduct (total) $_____ Employee Signature _____ Date_____

### 4. Donor Designations– Select, complete and return

All donations to LCSC Athletics qualify the donor as a member of the Warrior Athletic Association. Your donation to the ***Men's Basketball Round Ball Club*** offers you additional benefits, based on your donation. Please check those items that you wish to receive (if applicable):

Season Pass for Women's and Men's Basketball ($250 donation) Individual Pass _____ Family Pass _____

Scholarship Club Polo ($500 donation) (Circle size) Small Medium Large X-Large XX-Large

Your gift last season was $_____ Choose one: $250_____ $500 _____ $ Other _____

The reverse side of this form outlines your gifts by giving level from the Warrior Athletic Association. Please check those items you wish to receive on the back side of the form.

**Please return this form in the enclosed postage paid envelope.**

*Thank you and Go Warriors!*

Men's Basketball~ 500 8th Ave. Lewiston, ID 83501~ 208-792-2865~tdwalker@lcsc.edu