

Anthony Wayne Youth Foundation • Anthony Wayne Community Capital Campaign

Funding Goal: \$2,273,178.00 • [See Pledge Form On Back]



Blue Creek Recreation Area

**Help Make
The Dream
A Reality**

**Huge Community Playground • Community Center • Walking & Biking Trails
Pavilion w/Restrooms and Concessions • 6ea. Baseball/Softball Fields
4ea. Football/Soccer Fields • 3ea. Jr. Football/Soccer Fields**

THE VILLAGE OF WHITEHOUSE OHIO
• Since 1864 •

METROPARKS TOLEDO AREA
Your Clean, Safe, Natural Places To Be

ANTHONY WAYNE JUNIOR GENERALS
ANTHONY WAYNE YOUTH FOOTBALL
ANTHONY WAYNE AREA BASEBALL/SOFTBALL
ANTHONY WAYNE SOCCER CLUB
ANTHONY WAYNE YOUTH SOCCER LEAGUE

PAVILION WITH CONCESSION STAND

PROVIDING ACTIVE RECREATIONAL OPPORTUNITIES FOR THE ANTHONY WAYNE COMMUNITY

"To Contribute to our Capital Campaign visit www.awcommunity.com"

NAMING RIGHTS

Facility (Park).....	\$250,000
Community Playground	\$150,000
Pavilion	\$150,000
Community Center.....	\$100,000
Baseball/Softball Diamonds.....	\$100,000
Football/Soccer Fields	\$75,000
Jr. Football/Soccer Fields	\$50,000
Maintenance Building	\$30,000
Picnic Shelters	\$25,000

GIVING LEVELS

Homerun	\$20,000
Triple	\$15,000
Double	\$10,000
Single	\$5,000
Touchdown	\$2,500
Field Goal	\$1,500
Extra Point	\$1,000
Goal	\$500
Other	\$_____



**Blue Creek Recreation Area
Anthony Wayne Community
Capital Campaign**
Supporting Youth Organizations
in the Anthony Wayne Community
P.O. Box 2832 • Whitehouse, OH 43571
visit www.awcommunity.com
Email: info@awyf.org
An Ohio registered Non Profit Organization

_____ is proud to build a legacy by making a pledge of:

(Donor name)

\$20,000 \$15,000 \$10,000 \$5000 \$2500 \$1500 \$1000 \$500

Other \$_____ over _____Year(s) in support of the

Blue Creek Recreation Area Capital Campaign.

I would like to discuss naming rights with a board member

I intend to fulfill my pledge using one of the following means:

___ Check ___ Credit card ___ Stocks/bonds ___ Other (specify below)

I would like to be billed according to the following terms:

___ Monthly ___ Quarterly ___ Semi-annually ___ Annually

Beginning with the following month and year: _____ (month/year)

My employer will match my gift: \$_____

Gift Restrictions: _____

Dedication/Naming Decisions: _____

Other instructions:

Signature

Date

Please confirm your donor recognition/invoice information:

This gift is from (check appropriate box): ___ an individual ___ a business

Name* _____

Business Name* _____

Address _____

Home Phone _____ Business Phone _____

Email _____ Fax Number _____

**As you wish it to be reflected on all promotional materials.*

Please do not include my name on promotional materials

If you wish this to be in memory or honor of someone, please complete the following:

This gift is made in Honor/Memory of _____

Please mail form to: **Anthony Wayne Youth Foundation P.O. Box 2832 Whitehouse, OH 43571**