

THANK YOU FOR SUPPORTING STUDENT ATHLETES AT NGU BY ESTABLISHING LEGACY FOOTBALL SEATS.

Donor Name(s) _____
Email Address: _____
Postal Address: _____
City: _____ State: _____ Zip: _____
Phone (H): _____ (W): _____
Phone (M): _____ NGU Class Year(s): _____ [N/A]
Employer: _____ Position: _____
Today's Date _____

By establishing or renewing your Legacy Football Seats, your name will be placed on a small nameplate affixed to an assigned seat in a special section on the fifty yard line for a four year period.

The cost per seat is \$500.00

In addition, your contribution will provide you season football tickets for your assigned seat for four years.

OPTION 1: Enclosed is my gift of \$ _____
(Make check payable to North Greenville University.)

OPTION 2: Please charge my credit card with a gift of \$ _____

(CIRCLE ONE)  

Card Number: _____ CID: _____

Exp. Date: _____ Cardholder: _____

Name(s) to appear on seats:

(Please use back of form for additional names.)

Please contact me about OTHER OPPORTUNITIES FOR GIVING at North Greenville University.

Gifts are tax deductible as provided by law.

MORE INFO:
Crusader Club Office
CrusaderClub@ngu.edu
800.468.6642 or 864.977.7182

MAIL THIS FORM WITH PAYMENT TO:
Office of Advancement
North Greenville University
PO Box 1892
Tigerville, SC 29688

LEGACY FOOTBALL SEAT FORM



NGU CRUSADERS

