



VETERANS MEMORIAL ARENA Statement of Intention

NAME _____
ADDRESS _____
CITY, STATE _____

I/We wish to participate in the **Veterans Memorial Arena . . . Expanding For All!** Campaign. A contribution of \$1,000 or greater waives the building fee for any children in your family for their entire time in West Fargo Hockey.

It is My/Our intention to contribute the amount of \$_____ with a payment of \$_____ enclosed; the balance would be paid over a period of: 1 2 3 years, (*please circle one*).

Payment Method: ___Pre-authorized Debit ___Credit Card ___Check or Money Order

Payment Schedule: ___Monthly ___Quarterly ___Semi-annual ___Annually

First Payment Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Completed Contribution forms and Initial Payments can be sent to:

West Fargo Hockey
623 East Main Ave Suite 204
West Fargo, ND 58078

Payments and billings will be handled by the West Fargo Parks Department.

All Veterans Memorial Arena...Expanding For All! Campaign Contributions are tax deductible as provided for by law.