



TOF Scholarship Contribution Form

TOF

I wish to help a player's dreams come true with my tax-deductible donation!

Please find enclosed my donation of \$ _____
(any amount is appreciated)

Name: _____

Address: _____

Phone #s: _____

Email: _____

_____ You may use my name

_____ I wish to remain anonymous

Your Club Thanks You, a Player Thanks You More!

Please make your check payable to "TOF Soccer Club"

Mail to: TOF Soccer Club
P. O. Box 15121
Tallahassee, Florida 32317

www.TOFSoccerClub.org

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