



# 2023 PLEDGE FORM

SOUTH DAKOTA STATE UNIVERSITY, ATHLETICS DEVELOPMENT OFFICE - 2820 STANLEY J. MARSHALL CENTER, BROOKINGS, SD 57007  
IF YOU HAVE ANY QUESTIONS REGARDING BENEFITS, PLEASE CONTACT THE ATHLETICS DEVELOPMENT OFFICE AT 605-697-7475 OR AT JACKRABBITCLUB@SDSTATE.EDU.

## STEP 1: CONFIRM OR CHANGE CONTACT INFORMATION

FULL NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PUBLICATION LISTING: \_\_\_\_\_ SDSU ALUM?: Y / N GRADUATION YEAR: \_\_\_\_\_  
2022 CONTRIBUTION LEVEL: \_\_\_\_\_ 2022 DESIGNATION(S): \_\_\_\_\_  
2022 CASH GIVING TOTAL: \_\_\_\_\_ 2022 GIK GIVING TOTAL: \_\_\_\_\_

## STEP 2: CASH GIVING & SPORT DESIGNATION

TOTAL CASH: \$ \_\_\_\_\_ JACKRABBIT CLUB - SPORT: \_\_\_\_\_

☐ **LEVEL UP MY GIVING!** DONORS WHO INCREASE THEIR GIVING AT LEAST ONE BENEFIT LEVEL HIGHER THAN THE PREVIOUS YEAR ARE ELIGIBLE TO RECEIVE TWO GIFTS OF THEIR CHOICE. THE 2023 GIFT OPTIONS ARE: 1) PRE-GAME EXPERIENCE FOR TWO (2) DURING A HOME FOOTBALL GAME; 2) SIGNED MINI BASKETBALL BY YOUR CHOICE OF THE MEN'S OR WOMEN'S TEAM; 3) FOOTBALL FALL PRACTICE EXPERIENCE PRIOR TO THE START OF THE SEASON. EXTRA BENEFIT: ANYONE WHO JOINS THE LEVEL UP INITIATIVE WILL BE ENTERED TO WIN FOUR (4) LOGE TICKETS TO A SELECT GAME DURING THE 2023 FOOTBALL SEASON.

## STEP 3: MEMBERSHIP LEVEL FOR 2023

2023 MEMBERSHIP LEVEL: \_\_\_\_\_ ☐ WAIVE BENEFITS

**CONTRIBUTION LEVELS:** YELLOW: \$100-\$249 BLUE: \$250-\$499 STATE: \$500-\$999  
VARSITY: \$1,000-\$2,499 LEADERS: \$2,500-\$4,999 DIRECTORS: \$5,000-\$7,499  
CAPTAINS: \$7,500-\$9,999 CHAMPIONS: \$10,000-\$24,999 LEGENDS: \$25,000+

## STEP 4: SELECT PAYMENT METHOD

☐ CASH/CHECK ENCLOSED (PAYABLE TO: JACKRABBIT CLUB)  
☐ CREDIT CARD - CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_  
CREDIT CARD INFORMATION WILL NOT BE KEPT ON FILE.  
☐ MONTHLY PAYMENT PLAN (ENDING IN MAY): BEGINNING ON \_\_\_\_\_ (MONTH), ON THE 15<sup>TH</sup> OR 20<sup>TH</sup> OF THE MONTH  
☐ RECURRING MONTHLY PAYMENT - 15<sup>TH</sup> DAY OF EVERY MONTH, BEGINNING ON (MM/YY): \_\_\_\_/\_\_\_\_  
A VOIDED CHECK IS ATTACHED. I HEREBY AUTHORIZE THE SDSU FOUNDATION TO INITIATE DEBIT ENTRIES TO MY ACCOUNT. THE AUTHORITY IS TO REMAIN IN FULL FORCE UNTIL I NOTIFY THE SDSU FOUNDATION OF TERMINATION. THIRTY DAYS NOTICE IS REQUIRED.  
☐ INVOICE ME (MEMBER WILL NOT RECEIVE BENEFITS UNTIL PAID IN FULL)

## STEP 5: SIGNATURE

SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_