



Donor Name (clearly p	int how you would like to	be recognized):			
Basketball Hall c	•	pport* the Kay Yow Leg Coaches Circle with a		art of the in the following amoun	
\$10,000	\$5,000	\$2,500	\$1,000	Other \$	
Payment Options *I unders	stand that information reg	arding my gift can be used by the	e Hall of Fame to inspire othe	ers to join this effort.	
☐ Check - (Make po	ayable to the Naismith	Memorial Basketball Hall of Fo	ame)		
☐ Credit Card - (Yo	ou can make a donatio	on through GIVE.HOOPHALL.	COM or by completing the	ne section below)	
Card Number:					
Expiration Date:		Security Code:			
Billing Address:	Billing Address:				
_					
Name on Card:					
If Corp. Card, C	ompany Name:				
Authorized Signo	ature:				
☐ Pledge payment	. Ш	time 2 years continued the Hall of Fame staff will a		ther e terms)	
☐ Stock or wire tr	•	of the Hall of Fame staff will s	·	•	
	`		,	Ç	
Contact Information:					
Donor Signature	:				
Full Mailing Add	ress:				
Phone:			(type)		
Email:					

Please complete this form and return to:

The Hall of Fame Development Office 1000 Hall of Fame Avenue, Springfield MA 01105

For questions, please feel free to contact Scott Zuffelato, at scottz@hoophall.com or (413) 218-5661.