



**TOM YOUNG
LEGACY PROGRAM
GIFT INTENTION FORM**

Donor Name (clearly print how you would like to be recognized): _____

I would like to support* the Tom Young Legacy Program with a gift in the following amount:

\$10,000 \$5,000 \$2,500 \$1,000 Other \$ _____

Payment Options *I understand that information regarding my gift can be used by the Hall of Fame to inspire others to join this effort.

- Check** - (Make payable to the Naismith Memorial Basketball Hall of Fame)
 Credit Card - (Make your donation online at GIVE.HOOPHALL.COM or by completing the section below)

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Name on Card: _____

If Corp. Card, Company Name: _____

Authorized Signature: _____

- Pledge payment plan** - (A member of the Hall of Fame staff will contact you to finalize the terms)
 Stock or wire transfer - (A member of the Hall of Fame staff will send you the current banking instructions)

Contact Information:

Donor Signature: _____

Full Mailing Address: _____

City/State/Zip: _____

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.

The Hall of Fame is a non-profit 501 C3 organization and gifts are deductible to the extent permitted by law. Thank you for your support.