



Seminole Boosters ➔ Statement of Commitments

Thank you for making a commitment to Florida State Athletics. The following contribution summary represents your donation activity for 2018.

Name:

Account Name:

Address:

City, ST Zip:

Booster Account #:

Ticket Account #:

SeminoleBoosters.com User Name:

Service Representative:

Booster Commitments

Amount Paid

Balance

Last Payment Date

Return this portion with payment in the enclosed

Name:

Account #

Payment Amount \$ _____ Towards which commitment: _____

If blank, payments will be applied to Annual Fund or oldest outstanding pledge

☐ Check

Setup Monthly Charge for Balance: **Yes / No** (done on the 15th of each month through October)

☐ Visa

☐ Master Card

☐ AmEx

☐ Discover

Card # _____ Exp Date _____

Signature _____