

# SPARTAN ATHLETICS



## Champion-A-Team

Please consider supporting a Spartan team of your choice through the "Champion-A-Team" program. These funds will be used to help teams develop complete champions... to enhance the team experience... and to help the coach with important team goals. The Complete Champion Approach™ focuses on Academic, Athletic, Spiritual, Leadership and Personal Development. Your support will help us to develop complete champions... **FOR LIFE!**

**SPARTAN**  
FOUNDATION

[www.spartanfoundation.ca](http://www.spartanfoundation.ca)  
[gospartans.ca](http://gospartans.ca)



**HELPING TEAMS DEVELOP COMPLETE CHAMPIONS... FOR LIFE!**



**I wish to champion the following team:** \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Telephone: (Bus) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

**100% of your gift goes directly  
to the team of your choice**

Your gift qualifies for an income tax receipt. Tax No. 85543 4262 RR0001

**YES!** I am pleased to participate in the "Champion-A-Team" program.

**Giving Options:**

☐ Monthly gift of \$ \_\_\_\_\_ for \_\_\_\_\_ months

☐ One-time gift of \$ \_\_\_\_\_

**Method of Giving:**

☐ Cheque (payable to: Spartan Foundation)

☐ Credit Card (please specify)

☐ Visa

☐ MC

☐ Amex

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name as Shown on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Anonymous Gift:**

☐ Indicates that you would prefer to **NOT** be included in active donor recognition events.

☐ Indicates **NO** tax receipt needed.

☐ Business Expense - please send "Letter of Acknowledgement".

**Mail To:** Spartan Foundation, PO Box 31052  
RPO Thunderbird Village, Langley, BC V1M 0A9

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