



## Welcome to the Seattle 500



### What is the Seattle 500?

An inspired group of dedicated Seattle Public School alumni, parents, local sports organizations, community members and Seattle area business owners who believe in the importance of giving ALL SPS students, boys and girls, the opportunity to participate in quality high school athletic programs and who commit to ensuring that no student athlete will ever have to Pay to Play. Each member of the Seattle 500 will give a minimum of \$500/year for at least two years.

### Goals of the Seattle 500

**The primary goal of the Seattle 500 is to ensure that no student athlete will ever have to Pay to Play.** Any dollars raised above the need for student scholarships will be used to support a variety of programs and needs at ALL 10 Seattle high schools. This support could include such things such as uniforms, equipment, coach stipends, after-school tutoring and athlete/coach transportation as needed for teams participating in playoff and championship games.



## Seattle 500 Athletic Fund

401 5th Ave N  
Seattle, WA 98109

### Yes, I would like to join the Seattle 500 Athletic Fund.

- I would like to make an ongoing monthly gift of:
- \$100     \$52 (just \$1 a week)
- \$42 (\$500/yr)     Other amount: \_\_\_\_\_
- Payment will begin \_\_\_\_/\_\_\_\_ (mo/yr)  
and will continue for \_\_\_\_ years (2 year minimum).

- I would like to make a yearly gift of:
- \$2,500     \$1000     \$750     \$500
- Other amount: \_\_\_\_\_
- Payments to be paid:
- monthly     quarterly     yearly.
- Payment will begin \_\_\_\_/\_\_\_\_ (mo/yr)  
and will continue for \_\_\_\_ years (2 year minimum).

- I would like to make a one-time gift of:
- \$5,000     \$2,500     \$1,500
- \$1000     Other amount: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Check enclosed, payable to John Stanford Athletic Fund  
(one-time payments only).

Please charge my credit card:

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Visa     MasterCard     Amex

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

My company's matching form is enclosed.

Please mail form to address above.