



“Commitment to Community”

ORLANDO MAGIC
2006-2007 MAGIC FOR KIDS PROGRAM PAYMENT AUTHORIZATION FORM

Type of Account _____ Corporate _____ Individual
Company Name (if applicable): _____
Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (Work) _____ Phone (Home) _____
Phone (Cell) _____ Fax _____
e-mail _____ Preferred contact method: _____

Levels of Commitment – Please choose one

1. Community Commitment - \$20,100

1,890 total tickets donated. 42 tickets to 45 home games. 945 tickets donated & 945 matched by the Orlando Magic. Includes 10 Junior Magic scholarships.

2. Team Commitment - \$11,400

1,080 total tickets donated. 24 tickets to 45 home games. 540 tickets donated & 540 matched by the Orlando Magic. Includes 5 Junior Magic scholarships.

3. Town Commitment - \$5,640

540 total tickets donated. 12 tickets to 45 home games. 270 tickets donated & 270 matched by the Orlando Magic. Includes 2 Junior Magic scholarships.

4. Neighborhood Commitment – Choose the donation amount you desire, and the Orlando will match it with tickets.

Donation amount _____

Please check one of the two options below.

You select the organization or charity receiving the ticket donation:

Organization Name: _____

Contact: _____

Orlando Magic to select the non-profit group

** All Season Ticket Payments are Non-Refundable and this offer is good only for the 2005-06 season **

Level Of Commiment (choose one) Community__ Team__ Town__ Neighborhood__
Payment Method (circle one): Cash Check # _____ VISA MC AMEX DISC
Amount to be charged: _____
Invoice or Automatic Debit (circle one) on: _____
Card Number: _____
Exp. Date: _____ Name on Card: _____
Signature: _____

Orlando Magic Employee: _____ Date: _____
Account Number: _____ Sales Source: _____