



“Promoting Friendship and Fellowship through Senior Softball”

SPONSOR INFORMATION

Name _____

Billing Address _____

City _____ State _____ Zip Code _____

E-Mail _____

PLEDGE INFORMATION

Capital District Senior Softball League is a 501(c)(3) charity. Team Sponsorship costs \$350 for the 2024 season.

I (we) pledge a total of _____ to Sponsor the team named:
_____.

I (we) plan to make this contribution in the form of: cash check.

Please use the following name in all acknowledgments:

Name of Donor _____

Signature _____ Date: _____

Please make check or other gifts payable to:

Capital District Senior Softball League Inc,
P.O Box 231
Clifton Park, New York 12065

THANK YOU FOR YOUR GENEROUS SUPPORT!